

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR HAS ABNORMAL PHYSIOLOGY

RISK FACTORS FOR SEPSIS INCLUDE:

- Age > 75
- Impaired immunity (e.g. diabetes, steroids, chemotherapy)
- Recent trauma / surgery / invasive procedure
- Indwelling lines / IVDU / broken skin

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Respiratory
- Brain
- Urine
- Surgical
- Skin / joint / wound
- Other
- Indwelling device

NO

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY RED FLAG PRESENT?

- Objective evidence of new or altered mental state
- Systolic BP ≤ 90 mmHg (or drop of >40 from normal)
- Heart rate ≥ 130 per minute
- Respiratory rate ≥ 25 per minute
- Needs O₂ to keep SpO₂ $\geq 92\%$
- Non-blanching rash / mottled / ashen / cyanotic
- Lactate ≥ 2 mmol/l
- Recent chemotherapy
- Not passed urine in 18 hours (<0.5 ml/kg/hr if catheterised)

YES

RED FLAG SEPSIS
START PH BUNDLE

04 ANY AMBER FLAG PRESENT?

IF UNDER 17 & IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

- Relatives concerned about mental status
- Acute deterioration in functional ability
- Immunosuppressed
- Trauma / surgery / procedure in last 8 weeks
- Respiratory rate 21-24
- Systolic BP 91-100 mmHg
- Heart rate 91-130 or new dysrhythmia
- Temperature $<36^{\circ}\text{C}$
- Clinical signs of wound infection

YES

FURTHER INFORMATION AND REVIEW REQUIRED:

- TRANSFER TO DESIGNATED DESTINATION
- COMMUNICATE POTENTIAL OF SEPSIS AT HANDOVER

NO AMBER FLAGS OR UNLIKELY SEPSIS: ROUTINE CARE - CONSIDER OTHER DIAGNOSIS - SAFETY-NET & SIGNPOST AS PER LOCAL GUIDANCE

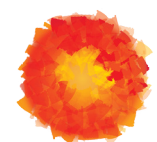
PREHOSPITAL SEPSIS BUNDLE*:

RESUSCITATION:

Oxygen to maintain saturations of $>94\%$ (88% in COPD)
Measure lactate if available
250ml boluses of Sodium Chloride: max 250mls if normotensive, max 2000ml if hypotensive OR lactate >2 mmol/l

COMMUNICATION:

Pre-alert receiving hospital.
Divert to ED (or other agreed destination)
Handover presence of Red Flag Sepsis



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