SEPSIS SCREENING TOOL PREHOSPITAL

**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
- Urine
- Skin / joint / wound
- Indwelling device
- Surgical
- Other

**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 ≥ 92%
- Non-blanching rash / mottled / ashen / cyanotic
- Lactate ≥ 2 mmol/l
- Recent chemotherapy
- Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

**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°C
- Clinical signs of wound infection

**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