

01 START THIS CHART IF THE PATIENT LOOKS UNWELL

RISK FACTORS FOR SEPSIS INCLUDE:

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

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Respiratory
- Urine
- Breast abscess
- Abdominal pain / distension
- Infected caesarean / perineal wound
- Chorioamnionitis / endometritis

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*
 - Not passed urine in 18 hours (<0.5 ml/kg/hr if catheterised)
- *lactate may be raised in & immediately after normal delivery

RED FLAG SEPSIS
START PH BUNDLE

04 ANY AMBER FLAG PRESENT?

IF IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

- Behavioural / mental status change
- Acute deterioration in functional ability
- Respiratory rate 21-24
- Heart rate 100-129 or new dysrhythmia
- Systolic BP 91-100 mmHg
- Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, cerclage, CVs, miscarriage, termination)
- Temperature $< 36^{\circ}\text{C}$
- Has diabetes or gestational diabetes
- Close contact with GAS
- Prolonged rupture of membranes
- Bleeding / wound infection
- Offensive vaginal discharge
- Non-reassuring CTG/ fetal tachycardia >160

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

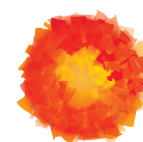
PREHOSPITAL SEPSIS BUNDLE*:

RESUSCITATION:

Oxygen to maintain saturations of $>94\%$
Measure lactate if available
250ml boluses of Sodium Chloride: max 250mls if normotensive, max 200ml if hypotensive. *NICE RECOMMENDS USING LACTATE TO GUIDE FURTHER FLUID THERAPY

COMMUNICATION:

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



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