**SEPSIS SCREENING TOOL TELEPHONE TRIAGE**

01 **ARE THERE CLUES THAT THE PATIENT IS SERIOUSLY 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
- Breast abscess
- Urine
- Abdominal pain / distension
- Infected caesarean / perineal wound
- Chorioamnionitis / endometritis

03 **ANY RED FLAG PRESENT?**

- Objective evidence of new or altered mental state
- Unable to catch breath, barely able to speak
- Very fast breathing and struggling for breath
- Unable to stand / collapsed
- Skin that’s very pale, mottled, ashen or blue
- Rash that doesn’t fade when pressed firmly
- Not passed urine in last 18 hours

04 **ANY AMBER FLAG PRESENT?**

- Behavioural / mental status change
- Acute deterioration in functional ability
- Patient reports breathing is harder work
- Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, cerclage, CVs, miscarriage, termination)
- Temperature < 36°C
- Has diabetes or gestational diabetes
- Close contact with GAS
- Prolonged rupture of membranes
- Bleeding / wound infection
- Offensive vaginal discharge

**PREGNANT**

**YES**

**NO AMBER FLAGS:**
- GIVE SAFETY NETTING ADVICE
- CONSIDER OBSTETRIC ASSESSMENT

**NO AMBER FLAGS:**

FURTHER INFORMATION AND REVIEW REQUIRED:
- ARRANGE URGENT FACE-TO-FACE ASSESSMENT USING CLINICAL JUDGEMENT TO DETERMINE APPROPRIATE CLINICAL ENVIRONMENT

**COMMUNICATION:** Ensure communication of ‘Red Flag Sepsis’ to crew. Advise crew to pre-alert as ‘Red Flag Sepsis’.

**TELEPHONE TRIAGE BUNDLE:**

THIS IS TIME-CRITICAL – IMMEDIATE ACTION REQUIRED:
- DIAL 999
- AND ARRANGE BLUE LIGHT TRANSFER