SEPSIS SCREENING TOOL GENERAL PRACTICE

**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

**03 ANY RED FLAG PRESENT?**

**YES**
- 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% (88% in COPD)
- Non-blanching rash / mottled / ashen / cyanotic
- Recent chemotherapy
- Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

**04 ANY AMBER FLAG PRESENT?**

**NO**

**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

**RED FLAG SEPSIS**

**START GP BUNDLE**

**USE CLINICAL JUDGEMENT TO DETERMINE WHETHER PATIENT CAN BE MANAGED IN COMMUNITY SETTING. IF TREATING IN THE COMMUNITY CONSIDER:**
- PLANNED SECOND ASSESSMENT +/- BLOODS
- SPECIFIC SAFETY NETTING ADVICE

**NO AMBER FLAGS : ROUTINE CARE AND GIVE SAFETY-NETTING ADVICE:**

CALL 111 IF CONDITION CHANGES OR DETERIORATES. SIGNPOST TO AVAILABLE RESOURCES AS APPROPRIATE

**CALL 999 IF ANY OF:**
- Slurred speech or confusion
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- ‘I feel I might die’
- Skin mottled, ashen, blue or very pale

**GP RED FLAG BUNDLE:**

**THIS IS TIME-CRITICAL – IMMEDIATE ACTION REQUIRED:** DIAL 999

AND ARRANGE BLUE LIGHT TRANSFER

**COMMUNICATION:** Ensure communication of ‘Red Flag Sepsis’ to crew. Advise crew to pre-alert as ‘Red Flag Sepsis’. Where possible a written handover is recommended including observations and antibiotic allergies.