

## 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?

YES

### LIKELY SOURCE:

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

NO

**SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS**

## 03 ANY RED FLAG PRESENT?

YES

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

YES

**RED FLAG SEPSIS**  
**START GP BUNDLE**

## 04 ANY AMBER FLAG PRESENT?

NO

### 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

YES

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 CONSIDER OBSTETRIC ASSESSMENT**

## 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.

