**SEPSIS SCREENING TOOL PALLIATIVE CARE**

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<th>PATIENT DETAILS:</th>
<th>DATE:</th>
<th>TIME:</th>
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01 **START THIS CHART IF THE PATIENT LOOKS (OR IS BEHAVING) VERY MUCH WORSE THAN NORMAL, IF THEIR OBSERVATIONS HAVE DETERIORATED OR IF RELATIVES ARE VERY CONCERNED**

**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
- Brain
- Surgical
- Other

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
- Recent chemotherapy
- Not passed urine in 18 hours

04 **ANY AMBER FLAG PRESENT?**

- Are you, or is a relative or carer, still worried about this patient?

**RED FLAG SEPSIS START COMMUNITY BUNDLE**

**FURTHER REVIEW REQUIRED:**
- Send bloods and review results
- Ensure senior clinical review within 1HR

**TIME OF REVIEW:** [ ] Yes [ ] No

**IF YES TIME ARRANGED:** [ ] Yes [ ] No

**NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS**

**RED FLAG COMMUNITY BUNDLE:**
1) If appropriate dial 999 or seek immediate senior review
2) If available administer oxygen to maintain saturations >94% (88-92% in patients with COPD)
3) Cannulate if skills & competencies allow; consider blood cultures if available
4) Consider IV antibiotics (follow local protocol)
5) Consider IV fluids (500ml bolus of 0.9% saline)