SEPSIS SCREENING TOOL PREHOSPITAL

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR HAS ABNORMAL PHYSIOLOGY

RISK FACTORS FOR SEPSIS INCLUDE:

☐ Recent trauma / surgery / invasive procedure
☐ Recent chemotherapy
☐ Indwelling lines / IVDU / broken skin

☐ Age > 75
☐ Impaired immunity (e.g. diabetes, steroids, chemotherapy)

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% (88% in COPD)
Non-blanching rash / mottled / ashen / cyanotic
Lactate ≥ 2 mmol/l
Recent chemotherapy
Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

04 ANY AMBER FLAG PRESENT?

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

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% (88% in COPD)
Measure lactate if available
250ml boluses of Sodium Chloride: max 250mls if normotensive, max 2000ml if hypotensive OR lactate >2 mmol/l

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

*NICE recommends rapid transfer to hospital is the priority rather than a prehospital bundle