SEPSIS SCREENING TOOL PREHOSPITAL

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?

LIKELY SOURCE:
- Respiratory
- Urine
- Abdominal pain / distension
- Infected caesarean / perineal wound
- Chorioamnionitis / endometritis

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
- Lactate ≥ 2 mmol/l*

* lactate may be raised in & immediately after normal delivery

04 ANY AMBER FLAG PRESENT?

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°C
- Has diabetes or gestational diabetes
- Close contact with GAS
- Prolonged rupture of membranes
- Bleeding / wound infection
- Offensive vaginal discharge
- Non-reassuring CTG / fetal tachycardia >160

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%
- Measure lactate if available
- 250ml boluses of Sodium Chloride: max 250mls if normotensive, max 2000ml if hypotensive. *NICE recommends using lactate to guide further fluid therapy

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