SEPSIS SCREENING TOOL PREHOSPITAL

AGE 12+

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR NEWS2 IS 5 OR ABOVE

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?

- 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

RED FLAG SEPSIS START PH BUNDLE

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