# Sepsis Screening Tool Community Nursing

## Step 1
**Start this chart if the patient looks unwell or has abnormal physiology**

### Risk Factors for Sepsis Include:
- Age > 75
- Impaired immunity (e.g., diabetes, steroids, chemotherapy)
- Recent trauma / surgery / invasive procedure
- Indwelling lines / IVDU / broken skin

## Step 2
**Could this be due to an infection?**

### Likely Source:
- Respiratory
- Urine
- Skin / joint / wound
- Indwelling device

## Step 3
**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
- Recent chemotherapy
- Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

## Step 4
**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 BUNDLE

1. **Same Day Assessment by GP/Team Leader**
2. **Is Urgent Referral to Hospital Required?**
3. **Agree and Document Ongoing Management Plan (Including Observation Frequency and Planned Second Review)**

## No Amber Flags = Routine Care / Consider Other Diagnosis

### 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.

### Community Nursing Red Flag Bundle:

**This is Time-Critical – Immediate Action Required:**
Dial 999 and arrange blue light transfer.