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 / IV / broken skin

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Respiratory
- Breast abscess
- 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% (88% in COPD)
- Non-blanching rash / mottled / ashen / cyanotic
- Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

04 ANY AMBER FLAG PRESENT?

- Behavioral / 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, LVs, 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

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

COMMUNITY MIDWIFE RED FLAG BUNDLE:

THIS IS TIME-CRITICAL – IMMEDIATE ACTION REQUIRED:

DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER

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.