SEPSIS SCREENING TOOL PREHOSPITAL

01 START THIS CHART IF THE PATIENT LOOKS UNWELL

RISK FACTORS FOR SEPSIS INCLUDE:

☐ Recent trauma / surgery / invasive procedure
☐ Indwelling lines / IVDU / broken skin
☐ Impaired immunity (e.g. diabetes, steroids, chemotherapy)

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

☐ Respiratory
☐ Urine
☐ Infected caesarean / perineal wound
☐ Breast abscess
☐ Abdominal pain / distension
☐ Chorioamnionitis / endometritis

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

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*
☐ Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

*乳酸可能在正常分娩后立即升高

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 90-100 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% (88% in COPD)
- 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 if sepsis is the priority rather than a prehospital bundle