

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

01 START THIS CHART IF THE PATIENT LOOKS (OR IS BEHAVING) VERY MUCH WORSE THAN NORMAL, IF THEIR OBSERVATIONS HAVE DETERIORATED OR IF RELATIVES ARE VERY CONCERNED

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?

YES

LIKELY SOURCE:

- Respiratory
- Brain
- Urine
- Surgical
- Skin / joint / wound
- Other
- Indwelling device

NO

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY RED FLAG PRESENT?

YES

- Objective evidence of new or altered mental state
- Systolic BP \leq 90 mmHg (or drop of >40 from normal)
- Heart rate \geq 130 per minute
- Respiratory rate \geq 25 per minute
- Needs O₂ to keep SpO₂ \geq 92%
- Non-blanching rash / mottled / ashen / cyanotic
- Recent chemotherapy
- Not passed urine in 18 hours

YES

RED FLAG SEPSIS
START COMMUNITY BUNDLE

04 ANY AMBER FLAG PRESENT?

NO

- Are you, or is a relative or carer, still worried about this patient?

YES

FURTHER REVIEW REQUIRED:

- SEND BLOODS AND REVIEW RESULTS
- ENSURE SENIOR CLINICAL REVIEW within 1HR

TIME OF REVIEW: :

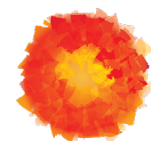
ESCALATION REQUIRED: Yes No

IF YES TIME ARRANGED: :

NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS

RED FLAG COMMUNITY BUNDLE:

- 1) IF APPROPRIATE DIAL 999 OR SEEK IMMEDIATE SENIOR REVIEW
- 2) IF AVAILABLE ADMINISTER OXYGEN TO MAINTAIN SATURATIONS >94% (88-92% IN PATIENTS WITH COPD)
- 3) CANNULATE IF SKILLS & COMPETENCIES ALLOW; CONSIDER BLOOD CULTURES IF AVAILABLE
- 4) CONSIDER IV ANTIBIOTICS (FOLLOW LOCAL PROTOCOL)
- 5) CONSIDER IV FLUIDS (500ML BOLUS OF 0.9% SALINE)



THE UK SEPSIS TRUST

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