

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
 Brain
 Urine
 Surgical
 Skin / joint / wound
 Other
 Indwelling device

NO

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY RED FLAG PRESENT?

- 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% (88% in COPD)
 Non-blanching rash / mottled / ashen / cyanotic
 Lactate \geq 2 mmol/l
 Recent chemotherapy
 Not passed urine in 18 hours ($<$ 0.5ml/kg/hr if catheterised)

YES

RED FLAG SEPSIS
START PH BUNDLE

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

YES

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

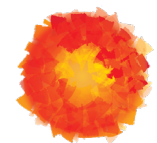
COMMUNICATION:

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



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