

## 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 / IVDU / broken skin

## 02 COULD THIS BE DUE TO AN INFECTION?

### LIKELY SOURCE:

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

**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 O<sub>2</sub> to keep SpO<sub>2</sub>  $\geq$  92% (88% in COPD)
- Non-blanching rash / mottled / ashen / cyanotic
- Not passed urine in 18 hours ( $<$ 0.5ml/kg/hr if catheterised)

**RED FLAG SEPSIS START BUNDLE**

## 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, 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

**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 )**

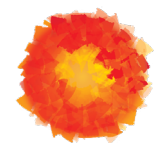
**NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS**

## 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.**



**THE UK SEPSIS TRUST**

UKST 2020 CM1.3 PAGE 1 OF 1