### SEPSIS TOOL - MARIE CURIE HOSPICE SETTING (ADULT)

## DO YOU THINK THIS PATIENT MIGHT HAVE A NEW AND POTENTIALLY REVERSIBLE CONDITION?

# **DO YOU THINK YOUR PATIENT MIGHT HAVE AN INFECTION?**

YES

**IKELY SOURCE:** 

Ш	Chest	
	Meningitis	

Urine ☐ Other ☐ Skin / joint / wound ☐ Indwelling device

NO

**CONSIDER** OTHER CAUSES. INCLUDING WHETHER THIS **PATIENT IS ACTIVELY DYING** 

# YES 3 ARE THERE ONE OR MORE RED FLAGS WHICH ARE NEW?

- 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  $O_2$  to keep  $SpO_2 \ge 92\%$  (88% in COPD)
- Non-blanching rash / mottled / ashen / cyanotic
- Recent chemotherapy
- Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

**ROUTINE CARE. ANTIBIOTICS AND OTHER THERAPIES MAY** STILL BE APPROPRIATE.

#### **CALL CLINICIAN IF:**

NO

NO

YES

- CONDITION **DETERIORATES**
- YOU REMAIN VERY **CONCERNED**
- PHYSIOLOGY IS VERY **ABNORMAL**

# IS ESCALATION TO ACUTE CARE APPROPRIATE?

(REVIEW ADVANCE CARE PLAN. IF ESCALATION IS NOT APPLICABLE DISCUSS WITH PATIENT IF POSSIBLE, AND THOSE IMPORTANT TO THEM. IF THERE IS NO ADVANCE CARE PLAN OR CARE PLAN IS UNCLEAR CONTACT CLINICIAN)

RED FLAG SEPSIS

THIS IS TIME-CRITICAL: DIAL 999

Advise crew to pre-alert as 'Red Flag Sepsis'.

### REQUEST EMERGENCY INTER-FACILITY TRANSFER

F RESOURCES AND SKILLS ALLOW, CONSIDER ANTIMICROBIALS, FLUID RESUSCITATION AND OXYGEN SUPPLEMENTATION AS NEEDED

**DETERMINE WHETHER** PATIENT IS FOR ACTIVE TREATMENT.

IF FOR ACTIVE TREATMENT **CALL CLINICIAN TO ASSESS URGENTLY.** 

**IF NOT FOR ACTIVE** TREATMENT CONSIDER **PALLIATION NEEDS** 





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