

01 DO YOU THINK THIS PATIENT MIGHT HAVE A NEW AND POTENTIALLY REVERSIBLE ILLNESS?

02 DO YOU THINK YOUR PATIENT MIGHT HAVE AN INFECTION?

LIKELY SOURCE:

- Chest Urine Skin / joint / wound Indwelling device
 Meningitis Other

YES

NO

CONSIDER OTHER REASONS, OR WHETHER THIS PATIENT IS ACTIVELY DYING

03 WOULD ACUTE HOSPITAL ASSESSMENT BE APPROPRIATE FOR THIS PATIENT?

(check whether they have an Advance Care Plan (ACP), ask patient and those important to them about expectations)

YES

NO

DISCUSS WITH GP/ ON CALL CLINICIAN. CONSIDER ARRANGING URGENT ASSESSMENT – ACTIVE COMMUNITY CARE MAY STILL BE APPROPRIATE

04 ARE THERE ONE OR MORE RED FLAGS WHICH ARE NEW?

- This patient's mental state is abnormal for them
- This patient is much less active than normal
- Unable to catch breath/ barely able to speak
- Very fast breathing
- Skin that's very pale, mottled, ashen or blue
- Rash that doesn't fade when pressed firmly
- Recent chemotherapy
- Not passed urine in last 18 hours

YES

NO

ROUTINE CARE. CALL GP OR 111 IF CONDITION CHANGES OR DETERIORATES. SIGNPOST THOSE IMPORTANT TO THE PATIENT TO AVAILABLE RESOURCES IF APPROPRIATE. REPEAT SCREEN IF PATIENT SUBSEQUENTLY DETERIORATES

RED FLAG SEPSIS

THIS IS TIME-CRITICAL – IMMEDIATE ACTION REQUIRED: DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER

YES

COMMUNICATION: Ensure communication of 'Red Flag Sepsis' to crew. Advise crew to pre-alert as 'Red Flag Sepsis'.



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