## SEPSIS SCREENING TOOL COMMUNITY CARE

### START THIS CHART IF THE YOUNG PERSON LOOKS UNWELL, **IF PARENT IS CONCERNED OR HAS ABNORMAL e.g. PEWS**

#### **RISK FACTORS FOR SEPSIS INCLUDE:**

Impaired immunity (e.g. diabetes, steriods, chemotherapy)

**CONSIDER ANY ADVANCE DIRECTIVE / CARE PLAN** Indwelling lines / IVDU / broken skin

Recent trauma / surgery / invasive procedure

**COULD THIS BE DUE TO AN INFECTION?** LIKELY SOURCE:

YES

Respiratory Brain

Urine
Surgical

Skin / joint / wound □ Other

NO

YES

Indwelling device



### **ANY RED FLAGS PRESENT?**

- Objective evidence of new or altered mental state
- $\square$  Respiratory rate  $\ge 25$  per minute
- New need for O2 (40% or more) to keep SpO2 > 92% (>88%COPD)
- Systolic BP  $\leq$  90 mm Hg (or drop of >40 from normal)
- Heart rate > 130 per minute
- Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)
- Non-blanching rash / mottled / ashen / cyanotic

# **ANY AMBER FLAGS PRESENT?**

#### **MUNITY IMPAIRED TREAT AS RED FLAG SEPSIS**

- Family report abnormal behavior or mental state
- Reduced functional ability
- Respiratory rate 21-24
- Systolic BP 91-100 mmHg
- Heart rate 91-130 or new dysrhythmia
- $\Box$  SpO<sub>2</sub> < 92% on air or increased O<sub>2</sub> requirement
- Not passed urine in 12-18 hr
- (0.5ml/kg/hr to 1ml/kg/hr if catheterised)
- Immunocompromised
- Signs of infection including wound infection
- ☐ Temperature <36°C

# **NO AMBER FLAGS = ROUTINE CARE** AND SAFETY-NETTING ADVICE:

**CALL 111 IF CONDITION CHANGES OR DETERIORATES.** SIGNPOST TO AVAILABLE RESOURCES AS APPROPRIATE.

#### **RED FLAG BUNDLE: DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER IF PRESCRIBER AVAILABLE & TRANSIT TIME** >1HR GIVE IV ANTIBIOTICS

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.

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# SAME DAY ASSESSMENT **BY GP / TEAM LEADER**

**START BUNDL** 

**RED FLAG** 

SEPSIS

**IS URGENT REFERRAL TO L** HOSPITAL REQUIRED? YES

> AGREE AND DOCUMENT **ONGOING MANAGEMENT PLAN** (INCLUDING OBSERVATION **FREQUENCY AND PLANNED SECOND REVIEW)**



Slurred speech or confusion Extreme shivering or muscle pain Passing no urine (in a day) Severe breathlessness 'I feel I might die' Skin mottled, ashen, blue or very pale



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