SEPSIS SCREENING TOOL GENERAL PRACTICE

Age 16+

	START THIS CHART IF THE PATIENT LOOKS
U	UNWELL OR HAS ABNORMAL PHYSIOLOGY

RISK FACTORS FOR SEPSIS INCLUDE:

☐ Age > 75	☐ Indwelling lines / IVDU / broken skin
Impaired immunity (e.g. diabetes, steriods, chemotherapy)	Recent trauma / surgery / invasive procedure

Brain

COULD THIS BE DUE TO AN INFECTION?

NO

	LIKELI	SUUKCE:	
Resnirato	rv	Hrine	

Urine	Skin / joint / wound
Surgical	Other

☐ Indwelling device

SEPSIS UNLIKELY. DIAGNOSIS

ANY RED FLAGS PRESENT?

Objective evidence of new or altered mental state

Respiratory rate ≥ 25 per minute

New need for 02 (40% or more) to keep Sp02 > 92% (>88%COPD)

Systolic BP \leq 90 mm Hg (or drop of >40 from normal)

■ Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

■ Non-blanching rash / mottled / ashen / cyanotic

RED FLAG START GP BUNDLE

ANY AMBER FLAGS PRESENT?

Family report abnormal behavior or mental state

□ Reduced funtional ability

Respiratory rate 21-24

Systolic BP 91-100 mmHg

☐ Heart rate 91-130 or new dysrhythmia

 \square SpO₂ < 92% on air or increased O₂ requirement

□ Not passed urine in 12-18 hr.

(0.5ml/kg/hr to 1ml/kg/hr if catheterised)

J Immunocompromised

Signs of infection including wound infection

☐ Temperature <36°C

USE CLINICAL JUDGEMENT TO DETERMINE WHETHER PATIENT CAN BE MANAGED IN COMMUNITY SETTING. IF TREATING IN THE **COMMUNITY CONSIDER:**

- PLANNED SECOND **ASSESSMENT +/- BLOODS**
- SPECIFIC SAFETY **NETTING ADVICE**

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

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



YES

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

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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