SEPSIS SCREENING TOOL PREHOSPITAL

PREGNANT
OR UP TO 4 WEEKS POST-PREGNANCY

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR PHYSIOLOGY IS ABNORMAL

RISK FACTORS FOR SEPSIS INCLUDE:

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

YES

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

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

NO → **SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS**

03 ANY RED FLAGS PRESENT?

YES

- ☐ 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
- ☐ New need for O_2 (40% or more) to keep SpO_2 > 92% (>88%COPD)
- ☐ Non-blanching rash / mottled / ashen / cyanotic
- ☐ Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)
- ☐ Recent chemo/risk of neutropenia

YES → **RED FLAG SEPSIS**
START PH BUNDLE

04 ANY AMBER FLAGS PRESENT?

NO

- ☐ Acute deterioration in functional ability
- ☐ Family report mental status change
- ☐ Respiratory rate 21-24
- ☐ Heart rate 100-130 or new dysrhythmia
- ☐ Systolic BP 91-100 mmHg
- ☐ Has had invasive procedure in last 6 weeks
- ☐ Temperature < 36°C
- ☐ Has diabetes or impaired immunity
- ☐ Close contact with GAS
- ☐ Prolonged rupture of membranes
- ☐ Offensive vaginal discharge
- ☐ Not passed urine in 12-18 h (0.5ml/kg/hr to 1ml/kg/hr if catheterised)
- ☐ Wound infection
- ☐ Non-reassuring CTG/fetal tachy

YES →

FURTHER INFORMATION AND REVIEW REQUIRED:

- TRANSFER TO DESIGNATED DESTINATION
- COMMUNICATE POTENTIAL OF SEPSIS AT HANDOVER
- RECHECK VITAL SIGNS AT LEAST EVERY 30 MINS AND ESCALATE TO RED FLAG IF APPROPRIATE

NO AMBER FLAGS OR UNLIKELY SEPSIS?: ROUTINE CARE - CONSIDER OTHER DIAGNOSIS - SAFETY NET AND SIGNPOST AS PER LOCAL GUIDANCE
INTERPRET PHYSIOLOGY IN CONTEXT OF INDIVIDUAL PATIENT

PREHOSPITAL SEPSIS BUNDLE:

RESUSCITATION:
Oxygen to maintain saturations of >94%
Measure lactate if available
Give normal saline in 10ml/kg boluses, max 20ml/kg

CONSIDER IV ANTIBIOTICS IF EXPECTED TRANSIT TIME >1H

COMMUNICATION:
Pre-alert receiving hospital
Divert to ED (or other agreed destination)
Handover presence of Red Flag Sepsis

THE UK SEPSIS TRUST