

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR PHYSIOLOGY IS ABNORMAL**RISK FACTORS FOR SEPSIS INCLUDE:**

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

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?**

- ☐ 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 O₂ (40% or more) to keep SpO₂ $> 92\%$ ($>88\%$ COPD)
- ☐ Non-blanching rash / mottled / ashen / cyanotic
- ☐ Not passed urine in 18 hours (<0.5 ml/kg/hr if catheterised)
- ☐ Recent chemo/risk of neutropenia

YES

**RED FLAG
SEPSIS
START PH BUNDLE****04 ANY AMBER
FLAGS PRESENT?**

- ☐ 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 $< 36^{\circ}\text{C}$
- ☐ Has diabetes or impaired immunity
- ☐ Close contact with GAS
- ☐ Prolonged rupture of membranes
- ☐ Offensive vaginal discharge
- ☐ Not passed urine in 12-18 h (0.5 ml/kg/hr to 1 ml/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

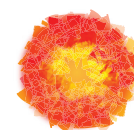
Give normal saline in 10ml/kg boluses, max 20ml/kg

CONSIDER IV ANTIBIOTICS IF EXPECTED TRANSIT TIME >1 H**COMMUNICATION:**

Pre-alert receiving hospital

Divert to ED (or other agreed destination)

Handover presence of Red Flag Sepsis

**THE UK
SEPSIS
TRUST**

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