SEPSIS SCREENING TOOL PREHOSPITAL

PREGNANT

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PHYSIOLOGY IS ABNORMAL RISK FACTORS FOR SEPSIS INCLUDE: Impaired immunity (e.g. diabetes, steriods, chemotherapy) Recent trauma / surgery / invasive procedure	
COULD THIS BE DUE TO AN INFECTION? LIKELY SOURCE:	SEPSIS UNLIKELY, CONSIDER
Respiratory Urine Infected caesarean / perineal wound Breast abscess Abdominal pain / distension Chorioamnionitis / endometritis	OTHER DIAGNOSIS
∩ → ANY RED	

FLAGS PRESENT? Objective evidence of new or altered mental state \square Systolic BP ≤ 90 mmHg (or drop of >40 from normal) Respiratory rate ≥ 25 per minute \square 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 (<0.5ml/kg/hr if catheterised)

RED FLAG START PH BUNDL

ANY AMBER FLAGS PRESENT?

L	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

FURTHER INFORMATION AND REVIEW REQUIRED:

- TRANSFER TO DESIGNATED **DESTINATION**

YES

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

O 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



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