

SEPSIS TOOL – MARIE CURIE HOSPICE SETTING (ADULT)

01 DO YOU THINK THIS PATIENT MIGHT HAVE A NEW AND POTENTIALLY REVERSIBLE CONDITION?

02 DO YOU THINK YOUR PATIENT MIGHT HAVE AN INFECTION?

LIKELY SOURCE:

- Chest Urine Skin / joint / wound Indwelling device
 Meningitis Other

YES

NO

CONSIDER OTHER CAUSES, INCLUDING WHETHER THIS PATIENT IS ACTIVELY DYING

03 ARE THERE ONE OR MORE RED FLAGS WHICH ARE NEW?

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

YES

ROUTINE CARE. ANTIBIOTICS AND OTHER THERAPIES MAY STILL BE APPROPRIATE.

CALL CLINICIAN IF:

- CONDITION DETERIORATES
- YOU REMAIN VERY CONCERNED
- PHYSIOLOGY IS VERY ABNORMAL

NO

04 IS ESCALATION TO ACUTE CARE APPROPRIATE?

(REVIEW ADVANCE CARE PLAN. IF ESCALATION IS NOT APPLICABLE DISCUSS WITH PATIENT IF POSSIBLE, AND THOSE IMPORTANT TO THEM. IF THERE IS NO ADVANCE CARE PLAN OR CARE PLAN IS UNCLEAR CONTACT CLINICIAN)

YES

NO

DETERMINE WHETHER PATIENT IS FOR ACTIVE TREATMENT.

IF FOR ACTIVE TREATMENT CALL CLINICIAN TO ASSESS URGENTLY.

IF NOT FOR ACTIVE TREATMENT CONSIDER PALLIATION NEEDS

RED FLAG SEPSIS

THIS IS TIME-CRITICAL: **DIAL 999**

YES

Advise crew to pre-alert as 'Red Flag Sepsis'.

REQUEST EMERGENCY INTER-FACILITY TRANSFER

IF RESOURCES AND SKILLS ALLOW, CONSIDER ANTIMICROBIALS, FLUID RESUSCITATION AND OXYGEN SUPPLEMENTATION AS NEEDED



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