

01 START THIS CHART IF THE PATIENT LOOKS UNWELL

RISK FACTORS FOR SEPSIS INCLUDE:

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

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Urine
- Breast abscess/mastitis
- Chest
- Abdominal
- Infected caesarean/perineal wound
- Chorioamnionitis or endometritis

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY RED FLAG 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
- Needs O₂ to keep SpO₂ $\geq 92\%$
- Non-blanching rash / mottled / ashen / cyanotic
- Not passed urine in 18 hours (<0.5 ml/kg/hr if catheterised)

RED FLAG SEPSIS
START PH BUNDLE

04 ANY AMBER FLAG PRESENT?

- Acute deterioration in functional ability
- Respiratory rate 21-24
- Heart rate 100-129 or new dysrhythmia
- Systolic BP 91-100 mmHg
- Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, miscarriage, termination)
- Temperature $< 36^{\circ}\text{C}$
- Has diabetes or gestational diabetes
- Close contact with GAS
- Prolonged rupture of membranes
- Bleeding / wound infection
- Offensive vaginal discharge
- Non-reassuring CTG/ fetal tachycardia >160
- Behavioural / mental status change

FURTHER ASSESSMENT & REVIEW REQUIRED:

- TRANSFER TO DESIGNATED DESTINATION
- COMMUNICATE POTENTIAL RISK OF SEPSIS AT HANDOVER

NO AMBER FLAGS OR UNLIKELY SEPSIS: ROUTINE CARE - CONSIDER OTHER DIAGNOSIS - SAFETY NET & SIGNPOST AS PER LOCAL GUIDANCE

PREHOSPITAL SEPSIS BUNDLE:

RESUSCITATION:

Oxygen to maintain saturations of $>94\%$

250ml boluses of Sodium Chloride: max 250mls if normotensive, max 2000ml if hypotensive

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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