

01 START THIS CHART IF YOUNG PERSON LOOKS, IF PARENT IS CONCERNED OR HAS ABNORMAL PHYSIOLOGY e.g. PEWS

RISK FACTORS FOR SEPSIS INCLUDE:

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

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Respiratory Urine Skin / joint / wound Indwelling device
 Brain Surgical Other

NO

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY RED FLAG PRESENT?

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

YES

RED FLAG SEPSIS
START GP BUNDLE

04 ANY AMBER FLAG PRESENT?

- Family report abnormal behaviour or mental state
 Reduced functional ability
 Respiratory rate 21-24
 Systolic BP 91-100 mmHg
 Heart rate 91-129 or new dysrhythmia
 SpO₂ $\leq 92\%$ or increased O₂ requirement
 Not passed urine in 12-18 h (<0.5 ml/kg/hr if catheterised)
 Immunocompromised
 Signs of infection including wound infection
 Temperature $<36^{\circ}\text{C}$

NO

YES

USE CLINICAL JUDGEMENT TO DETERMINE WHETHER PATIENT CAN BE MANAGED IN COMMUNITY SETTING. IF TREATING IN THE COMMUNITY CONSIDER:

- PLANNED SECOND ASSESSMENT +/- BLOODS**
- SPECIFIC SAFETY NETTING ADVICE

NO AMBER FLAGS: ROUTINE CARE AND GIVE SAFETY-NETTING ADVICE:

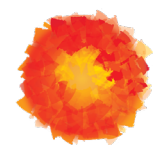
CALL 111 IF CONDITION CHANGES OR DETERIORATES. SIGNPOST TO AVAILABLE RESOURCES AS APPROPRIATE

CALL 999 IF ANY OF:

Slurred speech or confusion
Extreme shivering or muscle pain
Passing no urine (in a day)
Severe breathlessness
'I feel I might die'
Skin mottled, ashen, blue or very pale

GP RED FLAG BUNDLE: DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER IF TRANSIT TIME $>1\text{H}$ GIVE IV ANTIBIOTICS

Ensure communication of 'Red Flag Sepsis' to crew. Advise crew to pre-alert as 'Red Flag Sepsis'. Where possible a written handover is recommended including observations and antibiotic allergies.



THE UK SEPSIS TRUST

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