SEPSIS SCREENING TOOL GENERAL PRACTICE



START THIS CHART IF THE PATIENT LOOKS UNWELL

RISK FACTORS FOR SEPSIS INCLUDE:

Recent trauma / surgery / invasive procedure Impaired immunity (e.g. diabetes, steroids, chemotherapy)

YES **COULD THIS BE DUE TO AN INFECTION?**

LIKELY SOURCE:

Respiratory Breast abscess

Urine Abdominal pain / distension

/ES

NO

Infected caesarean / perineal wound Chorioamnionitis / endometritis

Indwelling lines / IVDU / broken skin



ANY RED FLAG PRESENT?

- Objective evidence of new or altered mental state
- Systolic BP \leq 90 mmHg (or drop of >40 from normal)
- Heart rate ≥ 130 per minute
- Respiratory rate \geq 25 per minute
- Needs O_2 to keep $SpO_2 \ge 92\%$ (88% in COPD)
- Non-blanching rash / mottled / ashen / cyanotic
- Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)

ANY AMBER FLAG PRESENT?

UNITY IMPAIRED TREAT AS RED FLAG SEPSIS

Behavioural / mental status change 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, cerclage, CVs, miscarriage, termination) Temperature < 36°C Has diabetes or gestational diabetes Close contact with GAS Prolonged rupture of membranes Bleeding / wound infection Offensive vaginal discharge

RED FLAG YES **START GP BUNDLE**

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 CONSIDER OBSTETRIC ASSESSMENT

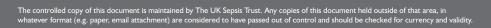
YES

GP RED FLAG BUNDLE:

THIS IS TIME-CRITICAL - IMMEDIATE ACTION REQUIRED: DAL 999

AND ARRANGE BLUE LIGHT TRANSFER

COMMUNICATION: 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.





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