SEPSIS SCREENING TOOL COMMUNITY CARE

Age 16+

START THIS CHART IF THE PATIENT LOOKS

UNWELL OR HAS ABNORMAL PHYSIOLOGY	
RISK FACTORS FOR SEPSIS INCLUDE: Age > 75 Impaired immunity (e.g. diatetes, steriods, chemotherapy)	CONSIDER ANY ADVANCE DIRECTIVE / CARE PLAN Indwelling lines / IVDU / broken skin Recent trauma / surgery / invasive procedure
COULD THIS BE DUE TO LIKELY SOURCE: Respiratory Urine Skin / joint / v Brain Surgical Other	SEPSIS UNLIKELY CONSIDER
O3 FLAGS PRESENT? Objective evidence of new or altered mental state Respiratory rate ≥ 25 per minute New need for 02 (40% or more) to keep Sp02 > 92% (>88%COPD) Systolic BP ≤ 90 mm Hg (or drop of >40 from normal) Heart rate > 130 per minute Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised) Non-blanching rash / mottled / ashen / cyanotic	
ANY AMBER FLAGS PRESENT? IF IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS Family report abnormal behavior or mental state Reduced funtional ability Respiratory rate 21-24 Systolic BP 91-100 mmHg Heart rate 91-130 or new dysrhythmia Sp02 < 92% on air or increased 02 requirement Not passed urine in 12-18 hr (0.5ml/kg/hr to 1ml/kg/hr if catheterised) Immunocompromised Signs of infection including wound infection Temperature <36°C	1 SAME DAY ASSESSMENT BY GP / TEAM LEADER 2 IS URGENT REFERRAL TO HOSPITAL REQUIRED? 3 AGREE AND DOCUMENT ONGOING MANAGEMENT PLAN (INCLUDING OBSERVATION FREQUENCY AND PLANNED SECOND REVIEW)

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

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

>1HR GIVE IV ANTIBIOTICS



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

RED FLAG BUNDLE: DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER IF PRESCRIBER AVAILABLE & TRANSIT TIME

'Red Flag Sepsis'. Where possible a written handover is recommended including



THE UK **SEPSIS**

TRUST

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Ensure communication of 'Red Flag Sepsis' to crew. Advise crew to pre-alert as observations and antibiotic allergies.

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