

01 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)
- Indwelling lines / IVDU / broken skin

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Respiratory
- Urine
- Breast abscess
- Abdominal pain / distension
- Infected caesarean / perineal wound
- Chorioamnionitis / endometritis

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 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 \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
- Lactate \geq 2 mmol/l*
- Not passed urine in 18 hours ($<$ 0.5ml/kg/hr if catheterised)

*lactate may be raised in & immediately after normal delivery

RED FLAG SEPSIS
START PH BUNDLE

04 ANY AMBER FLAG PRESENT?

IF IMMUNITY 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
- Non-reassuring CTG/ fetal tachycardia $>$ 160

FURTHER INFORMATION AND REVIEW REQUIRED:

- TRANSFER TO DESIGNATED DESTINATION
- COMMUNICATE POTENTIAL 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% (88% in COPD)

Measure lactate if available

250ml boluses of Sodium Chloride: max 250mls if

normotensive, max 2000ml if

hypotensive. *NICE RECOMMENDS USING

LACTATE TO GUIDE FURTHER FLUID THERAPY

COMMUNICATION:

Pre-alert receiving hospital.

Divert to ED (or other agreed destination)

Handover presence of Red Flag Sepsis

*NICE recommends rapid transfer to hospital is the priority rather than a prehospital bundle



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01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR NEWS2 IS 5 OR ABOVE

RISK FACTORS FOR SEPSIS INCLUDE:

- Age > 75
- 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
- Brain
- Urine
- Surgical
- Skin / joint / wound
- Other
- Indwelling device

NO

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 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 \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
- Lactate \geq 2 mmol/l
- Recent chemotherapy
- Not passed urine in 18 hours ($<$ 0.5ml/kg/hr if catheterised)

YES

RED FLAG SEPSIS
START PH BUNDLE

04 ANY AMBER FLAG PRESENT?

IF UNDER 17 & IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

- Relatives concerned about mental status
- Acute deterioration in functional ability
- Immunosuppressed
- Trauma / surgery / procedure in last 8 weeks
- Respiratory rate 21-24
- Systolic BP 91-100 mmHg
- Heart rate 91-130 or new dysrhythmia
- Temperature $<$ 36°C
- Clinical signs of wound infection

YES

FURTHER INFORMATION AND REVIEW REQUIRED:

- TRANSFER TO DESIGNATED DESTINATION
- COMMUNICATE POTENTIAL 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% (88% in COPD)

Measure lactate if available

250ml boluses of Sodium Chloride: max 250mls if normotensive, max 2000ml if hypotensive OR lactate $>$ 2 mmol/l

COMMUNICATION:

Pre-alert receiving hospital.

Divert to ED (or other agreed destination)

Handover presence of Red Flag Sepsis

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01 START IF CHILD LOOKS UNWELL, IF THERE'S PARENTAL CONCERN OR PEWS HAS TRIGGERED

RISK FACTORS FOR SEPSIS INCLUDE:

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

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
- Doesn't wake when roused/ won't stay awake
- Looks very unwell to healthcare professional
- Severe tachypnoea (see chart)
- Severe tachycardia (see chart)
- Bradycardia (<60 bpm)
- Needs O₂ to keep SpO₂ ≥ 90%
- Non-blanching rash / mottled / ashen / cyanotic
- Temperature <36°C

YES

RED FLAG SEPSIS
START PAEDIATRIC PH BUNDLE

04 ANY AMBER FLAG PRESENT?

IF IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

- Behaving abnormally / not wanting to play
- Parental concern
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO₂ < 92% on air
- Capillary refill time ≥ 3 seconds
- Reduced urine output (<1ml/kg/h if catheterised)
- Leg pain

YES

FURTHER INFORMATION AND REVIEW REQUIRED:

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

PREHOSPITAL SEPSIS BUNDLE*:

RESUSCITATION:

Oxygen to maintain saturations of >94%
Measure lactate if available
20ml/kg boluses of Sodium Chloride. Repeat if hypotensive.

COMMUNICATION:

Pre-alert receiving hospital.
Divert to ED (or other agreed destination)
Handover presence of Red Flag Sepsis

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Age (years)	Tachypnoea (breaths per minute)		Tachycardia (beats per minute)	
	Severe	Moderate	Severe	Moderate
5	≥29	24-28	≥130	120-129
6-7	≥27	24-26	≥120	110-119
8-11	≥25	22-24	≥115	104-114



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01 START IF CHILD LOOKS UNWELL, IF THERE'S PARENTAL CONCERN OR PEWS HAS TRIGGERED

RISK FACTORS FOR SEPSIS INCLUDE:

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

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?

- Doesn't wake when roused / won't stay awake
- Looks very unwell to healthcare professional
- Weak, high-pitched or continuous cry
- Severe tachypnoea (see chart)
- Severe tachycardia (see chart)
- Bradycardia (<60 bpm)
- Non-blanching rash / mottled / ashen / cyanotic
- Temperature <36°C
- If under 3 months, temperature 38°C+
- SpO₂ < 90% on air or increased O₂ requirements

YES

RED FLAG SEPSIS
START PAEDIATRIC PH BUNDLE

04 ANY AMBER FLAG PRESENT?

IF IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

- Not responding normally / no smile
- Reduced activity / very sleepy
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO₂ < 92% or increased O₂ requirement
- Nasal flaring
- Capillary refill time ≥ 3 seconds
- Reduced urine output
- Leg pain or cold extremities

YES

FURTHER INFORMATION AND REVIEW REQUIRED:

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PREHOSPITAL SEPSIS BUNDLE*:

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Age (years)	Tachypnoea (breaths per minute)		Tachycardia (beats per minute)	
	Severe	Moderate	Severe	Moderate
<1	≥60	50-59	≥160	150-159
1-2	≥50	40-49	≥150	140-149
3-4	≥40	35-39	≥140	130-139



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