

# 01 ARE THERE CLUES THAT THE PATIENT IS SERIOUSLY UNWELL?

**RISK FACTORS FOR SEPSIS INCLUDE:**

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

# 02 COULD THIS BE DUE TO AN INFECTION?

**YES**
**LIKELY SOURCE:**

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

**NO**
**SEPSIS UNLIKELY,  
CONSIDER  
OTHER  
DIAGNOSIS**

# 03 ANY RED FLAG PRESENT?

**YES**

- Objective evidence of new or altered mental state  
 Unable to catch breath, barely able to speak  
 Very fast breathing and struggling for breath  
 Unable to stand / collapsed  
 Skin that's very pale, mottled, ashen or blue  
 Rash that doesn't fade when pressed firmly  
 Not passed urine in last 18 hours

**YES**

# RED FLAG SEPSIS START BUNDLE

# 04 ANY AMBER FLAG PRESENT?

**NO**

- Behavioural / mental status change  
 Acute deterioration in functional ability  
 Patient reports breathing is harder work  
 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

**YES**
**FURTHER INFORMATION AND REVIEW REQUIRED:**

**- ARRANGE URGENT FACE-TO-FACE ASSESSMENT USING CLINICAL JUDGEMENT TO DETERMINE APPROPRIATE CLINICAL ENVIRONMENT**

**NO AMBER FLAGS: GIVE SAFETY NETTING ADVICE CONSIDER OBSTETRIC ASSESSMENT**

## TELEPHONE TRIAGE BUNDLE:

**THIS IS TIME-CRITICAL - IMMEDIATE ACTION REQUIRED: DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER**

**COMMUNICATION:** Ensure communication of 'Red Flag Sepsis' to crew. Advise crew to pre-alert as 'Red Flag Sepsis'.


**THE UK  
SEPSIS  
TRUST**

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