

01 START THIS CHART IF SEPSIS IS SUSPECTED

Factors prompting screening for sepsis include:

- | | |
|--|--|
| <input type="checkbox"/> NEWS2 has triggered | <input type="checkbox"/> Patient looks unwell |
| <input type="checkbox"/> Carer or relative concern | <input type="checkbox"/> Evidence of organ dysfunction (e.g. lactate >2mmol/l) |
| <input type="checkbox"/> Recent chemotherapy / risk of neutropenia | <input type="checkbox"/> Assessment gives clinical cause for concern |

Consider any advance directive or care planning carefully

YES

CALCULATE NEWS2 USING LATEST VITAL SIGNS

Always interpret vital signs and NEWS2 in context of medical history, medications and response to treatment

02 IS NEWS2 7 OR ABOVE? OR IS NEWS2 5 OR 6 AND ONE OF:

- ☐ Any one NEWS2 parameter with score of 3
- ☐ Mottled or ashen skin
- ☐ Non-blanching rash
- ☐ Cyanosis of skin, lips or tongue
- ☐ Patient looks extremely unwell
- ☐ Patient is actively deteriorating
- ☐ Risk of neutropenia (chemotherapy, immunosuppression)

03 IS NEWS2 5 OR 6? OR IS NEWS2 1-4 AND ONE OF:

- ☐ Any one NEWS2 parameter with score of 3
- ☐ Mottled or ashen skin
- ☐ Non-blanching rash
- ☐ Cyanosis of skin, lips or tongue
- ☐ Patient looks extremely unwell
- ☐ Patient is actively deteriorating
- ☐ Risk of neutropenia (chemotherapy, immunosuppression)

NO

YES

**RED FLAG
SEPSIS**
START PH BUNDLE

FURTHER ASSESSMENT & REVIEW REQUIRED:

- TRANSFER TO DESIGNATED DESTINATION
- COMMUNICATE POTENTIAL RISK OF SEPSIS AT HANDOVER
- RECALCULATE NEWS2 AT LEAST EVERY 60 MINS AND ESCALATE TO RED FLAG IF APPROPRIATE

YES

NO AMBER FLAGS OR UNLIKELY SEPSIS?: Routine care - Consider other diagnosis - Safety net and signpost as per local guidance

PH SEPSIS BUNDLE:

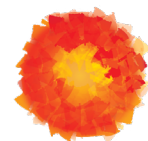
RESUSCITATION & TREATMENT:

Oxygen to maintain saturations of >94% (88% in COPD)
250ml boluses of Sodium Chloride: max 250mls if normotensive, max 2000ml if hypotensive

CONSIDER IV ANTIBIOTICS IF TRANSIT TIME > 1h
(and if not already given e.g. by GP)

COMMUNICATION:

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



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SEPSIS
TRUST

UKST PREHOSPITAL 2024 2.0 PAGE 1 OF 1

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01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR PHYSIOLOGY IS ABNORMAL**RISK FACTORS FOR SEPSIS INCLUDE:**

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

02 COULD THIS BE DUE TO AN INFECTION?**LIKELY SOURCE:**

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

NO

**SEPSIS
UNLIKELY,
CONSIDER
OTHER
DIAGNOSIS****03 ANY RED
FLAGS PRESENT?**

- ☐ Objective evidence of new or altered mental state
- ☐ Systolic BP ≤ 90 mmHg (or drop of >40 from normal)
- ☐ Heart rate > 130 per minute
- ☐ Respiratory rate ≥ 25 per minute
- ☐ New need for O₂ (40% or more) to keep SpO₂ $> 92\%$ ($>88\%$ COPD)
- ☐ Non-blanching rash / mottled / ashen / cyanotic
- ☐ Not passed urine in 18 hours ($<0.5\text{ml/kg/hr}$ if catheterised)

YES

**RED FLAG
SEPSIS
START PH BUNDLE****04 ANY AMBER
FLAGS PRESENT?**

- ☐ Acute deterioration in functional ability
- ☐ Family report mental status change
- ☐ Respiratory rate 21-24
- ☐ Heart rate 100-130 or new dysrhythmia
- ☐ Systolic BP 91-100 mmHg
- ☐ Has had invasive procedure in last 6 weeks
- ☐ Temperature $< 36^{\circ}\text{C}$
- ☐ Has diabetes or impaired immunity
- ☐ Close contact with GAS
- ☐ Prolonged rupture of membranes
- ☐ Offensive vaginal discharge
- ☐ Not passed urine in 12-18 h (0.5ml/kg/hr to 1ml/kg/hr if catheterised)
- ☐ Wound infection

YES

**FURTHER INFORMATION
AND REVIEW REQUIRED:**

- TRANSFER TO DESIGNATED DESTINATION
- COMMUNICATE POTENTIAL OF SEPSIS AT HANDOVER
- RECHECK VITAL SIGNS AT LEAST EVERY 30 MINS AND ESCALATE TO RED FLAG IF APPROPRIATE

NO AMBER FLAGS OR UNLIKELY SEPSIS?: ROUTINE CARE - CONSIDER OTHER DIAGNOSIS - SAFETY NET AND SIGNPOST AS PER LOCAL GUIDANCE

INTERPRET PHYSIOLOGY IN CONTEXT OF INDIVIDUAL PATIENT

PREHOSPITAL SEPSIS BUNDLE:**RESUSCITATION:**Oxygen to maintain saturations of $>94\%$

Measure lactate if available

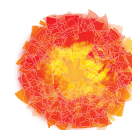
Give normal saline in 10ml/kg boluses, max 20ml/kg

CONSIDER IV ANTIBIOTICS IF EXPECTED TRANSIT TIME $>1\text{H}$ **COMMUNICATION:**

Pre-alert receiving hospital

Divert to ED (or other agreed destination)

Handover presence of Red Flag Sepsis

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