

Pre-Hospital Sepsis Screening Tool

Pregnant (or up to 6 weeks post-partum)

① Start this chart if the patient looks unwell or the EWS is ≥ 5

Risk Factors for Sepsis include (note: the absence of risk factors does not rule out sepsis)

Patients with risk factors are at higher risk of developing sepsis. Have a lower threshold for sepsis screening these patients

- Recent trauma/surgery/invasive procedures
- Impaired Immunity (e.g. diabetes, steroids, chemotherapy, neutropenic patient)
- Indwelling lines/IVDU/broken skin
- Rural, remote or low socioeconomic status

② Is there an obvious non-infective cause for the patients presentation and observations? **NO** ↓ **YES** → **SEPSIS UNLIKELY**
Treat other cause

③ **Any RED flags?** **YES** →

- Objective evidence of new or altered mental state
- Systolic BP ≤ 90 mmHg (or >40 mmHg drop from normal)
- Heart rate ≥ 130 beats per minute
- Temperature $\leq 35^{\circ}\text{C}$
- Respiratory rate ≥ 25 per minute
- Needs O₂ to keep SpO₂ $\geq 94\%$ (88% in COPD)
- Non-blanching rash/mottled/ashen/cyanotic
- Not passed urine in 18 hrs (<0.5 mL/kg/hr if catheterised)
- Lactate ≥ 2 mmol/L (if available). **Note:** Lactate may be raised in & immediately after normal delivery

NO ↓

RED FLAG SEPSIS

- 1 Pre-notify ED
- 2 Follow RED EWS escalation advice
- 3 Communicate RED flag sepsis at handover

④ **Any AMBER flags?** **YES** →

If immunity impaired treat as RED flag sepsis

- Behavioural/mental status change
- Acute deterioration in functional ability
- Respiratory rate 21-24 per minute
- Heart rate 91-129 per min or new dysrhythmia
- Systolic BP 91-100mmHg
- Temp range between 35.1°C - 36°C or $\geq 38.1^{\circ}\text{C}$
- Has had an invasive procedure in the last 6 weeks (e.g. Cervical cerclage, forceps delivery, miscarriage, termination)
- Has diabetes or gestational diabetes
- Close contact with GAS (Group A Streptococcus)
- Prolonged rupture of membranes
- Bleeding / wound infection
- Offensive vaginal discharge
- Non-reassuring CTG / foetal tachycardia >160

NO ↓

AMBER FLAG SEPSIS

- 1 Follow AMBER EWS escalation advice
- 2 Communicate AMBER flag sepsis at handover

SEPSIS UNLIKELY

If no red or amber flags sepsis is unlikely. Routine care – Consider other diagnosis