Affix Patient Label here or record												
NAME:												
NHS NO:												
HOSP NO:												
D.O.B: D D / M M / Y Y Y MALE FEMALE												

MATERNAL TELEPHONE TRIAGE SEPSIS TOOL



To be applied to all women who are pregnant or up to six weeks postpartum (or after the end of pregnancy if pregnancy did not end in a birth) who have a suspected infection NB there is no systems substitute for clinical experience & acumen, but Red Flag Sepsis will help with early identification of women with systemic response to infection.

to infection	۹	_	_	,					
1. Are there clues that the patient might		. I	Low risk of sepsis. If concerned, schedule a review						
be seriously ill?				Consider other diagnoses. Use clinical judgement					
Consider screening:			determine urgency. Consider obstetric assessmen	t.					
patients for whom you're considering antibioticpatients with "flu-like" symptoms	S		_						
 patients with possible gastroenteritis 		NO	4 [Give safety netting advice: call 999 if patient					
 the unwell patient without clear cause mothers reporting abnormal vaginal discharge 		1 1	deteriorates rapidly, or call 111/ arrange to see G						
				if condition fails to improve or gradually worse					
Particular risk factors: immunosuppression, gestat diabetes, recent delivery or procedure (last 6 weel				Signpost to available resources as appropriate.					
rupture of membranes, contact with GAS		ÎNO							
YES		-	1 1	4. Is any Maternal Amber Flag present?					
2. Is the history suggestive of infection?]	1 1	Behavioural/ mental status change					
es, but source unclear at present		NO	, '	Acute deterioration in functional ability					
Chorioamnionitis/ endometritis			1	Patient reports breathing is harder work than normal					
Urinary Tract Infection				Not passed urine in last 12-18 hours					
Infected caesarean or perineal wound				Has had invasive procedure in last 6 weeks					
Influenza, severe sore throat, or pneumonia				(e.g. CS, forceps delivery, ERPC, cerclage, CVs, miscarriage, termination	n)				
Abdominal pain or distension				Reduced urine output					
Breast abscess/ mastitis				Temperature < 36°C or > 38°C					
Other (specify):	🗆			Has diabetes or gestational diabetes					
YES		_		Immunosuppressed OR close contact with GAS					
3. Is ONE Red Flag present?				Prolonged rupture of membranes					
Objective change in behaviour or mental state				Bleeding/ wound infection/ offensive					
Unable to catch breath, barely able to speak				vaginal discharge					
Very fast breathing and struggling for breath		NO	, L	If immunity also impaired treat as Red Flag S	epsis				
Unable to stand/ collapsed			_	↓YES					
kin that's very pale, mottled, ashen or blue			- 1	Arrange urgent GP face-to-face assessment at base or home visit using clinical judgment to determine					
Rash that doesn't fade when pressed firmly				urgency. Ensure decision documented to continu					
Not passed urine in last 18 h				community-based care or transfer. Brief written					
√YES			H	handover to colleague.					
Red Flag Sepsis				nmunication:					
This is time-critical, immediate action is required				a brief, clear handover (including observations and piotic allergies where present) to receiving Emerge					
Immediate actions:				artment (or other agreed destination). Ensure	=i iCy				
Dial 999, arrange blue light transfer				medics pre-alert as 'Red Flag Sepsis'					
Name of the state				Ciamatu					
Name Designatio	n			Signature					
Date				6	机物堆				



