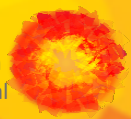


GDP Sepsis Decision Support Tool For Primary Dental Care



THE UK
SEPSIS
TRUST

To be applied to all adults & young people 12 years and over with fever (or recent fever) symptoms presenting with a source of orofacial/dental infection (including postoperative infection) or have clinical observations outside normal limits

1. In the context of presumed infection, are any of the following true:

(consider other common sources: chest, UTI, abdominal organs)

Patient looks very unwell

Tick

Family or carer is very concerned

There is ongoing deterioration

Physiology is abnormal for this patient (check HR, Oxygen Saturation & BP)

N

Low risk of sepsis. Consider other diagnoses.

Use clinical judgement to diagnose and treat potential sources of infection e.g. perform tooth extraction.

Give safety netting advice: call 999 if patient deteriorates rapidly, or call 111/ arrange to see GP or GDP if condition fails to improve or gradually worsens. Provide an information leaflet on the signs/symptoms of sepsis and emergency contact details.

N

Y

2. Is **ONE** Red Flag present?

New deterioration in GCS/ AVPU

Tick

Systolic B.P ≤ 90 mmHg (or ≥ 40 mmHg below normal)

Heart rate ≥ 130 per minute

Respiratory rate ≥ 25 per minute

Needs oxygen to keep SpO₂ 92% (88% in COPD)

Non-blanching rash or mottled/ ashen/ cyanotic

Not passed urine in last 18 hours

Recent chemotherapy (within last 6 weeks)

N

3. Is any **ONE** Amber Flag present?

Relatives worried about mental state/ behaviour

Tick

Acute deterioration in functional ability

Immunosuppressed (without recent chemotherapy)

Trauma, surgery or procedure in last 6 weeks

Respiratory rate 21-24 OR dyspnoeic

Systolic B.P 91-100 mmHg

Heart rate 91-130 OR new dysrhythmia

Not passed urine in last 12-18 hours

Tympanic temperature ≤ 36 °C

Clinical signs of wound, device or skin infection

If under 17 & immunity impaired treat as Red Flag Sepsis

Y

Sepsis likely

Use clinical judgment to determine whether patient can be managed in the primary care setting. If treating in the primary care setting, consider:

- identifying and treating potential sources of infection
- planned second assessment +/- blood results
- brief written handover to colleagues
- specific safety netting advice

Red Flag Sepsis!

Immediate actions:

Dial 999 and state the patient has 'Red Flag Sepsis'

Arrange blue light transfer

Administer oxygen to maintain saturations $>94\%$

Communication:

Write a brief clear handover including observations and antibiotic allergies where present

Ensure Paramedics pre-alert as 'Red Flag Sepsis'