1. In the context of presumed infection, are any of the following true:
(consider pneumonia, meningitis/encephalitis, urinary tract infection, intra-abdominal infection, acquired bacteraemia (e.g. Group B Strep))
- Patient looks very unwell
- Parent or carer is very concerned
- There is ongoing deterioration
- Physiology is abnormal for this patient

Tick

Low risk of sepsis. Consider other diagnoses. Use clinical judgment and/or standard protocols.

Give safety netting advice: call 999 if child deteriorates rapidly, or call 111/arrange to see GP if condition fails to improve or gradually worsens. Signpost parent to available resources as appropriate.

2. Is ONE Red Flag present?
- Unresponsive to social cues/ difficult to rouse
- Health professional very worried
- Weak, high pitched or continuous cry
- Grunting respiration or apnoeic episodes
- SpO₂ < 90%
- Severe tachypnoea (see table)
- Severe tachycardia (see table)/ bradycardia < 60
- No wet nappies/ not passed urine in last 18 h
- Non-blanching rash or mottled/ ashen/ cyanotic
- Temperature < 36°C
- If under 3 months, temperature > 38°C

Tick

Sepsis likely
Use clinical judgment to determine whether child can be managed in community setting. If treating in the community, consider:
- planned second assessment +/- blood results
- brief written handover to colleagues
- specific safety netting advice

If immunity impaired refer for urgent hospital assessment

3. Any Amber Flag criteria?
- Parent or clinician remains very concerned
- Abnormal response to social cues/ not smiling
- Reduced activity, very sleepy
- Parent/ carer reports behaviour is abnormal
- Moderate tachypnoea (see table)
- SpO₂ < 91% OR nasal flaring
- Moderate tachycardia (see table)
- Capillary refill ≥3 seconds
- Reduced urine output
- Pale or flushed
- Leg pain or cold extremities

Tick

Red Flag Sepsis!
Dial 999, arrange blue light transfer
Administer oxygen to maintain saturations >94%
Write a brief clear handover
Ensure crew pre-alert as ‘Red Flag Sepsis’

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