

RAISE THE FLAG

Could it be Sepsis?

Sepsis is a life-threatening emergency and can happen to anyone. Consider sepsis for any sick person with evidence of infection, especially when risk factors are present.



This pathway is to be filed in patient record
and is intended for use by all clinicians

Family name		
Given name	Gender	
AFFIX PATIENT LABEL HERE		
DOB	NHI	

**SEPSIS
RISK
FACTORS**

- Māori or Pacific ethnicity
- Socio-economic deprivation
- Aged over 60
- Chronic medical conditions
- Immunosuppressed
- Previous sepsis event
- Recent trauma, surgery/ procedure, or hospital admission

RECOGNISE

Date, time started, initial

DD / MM / YY 00:00²⁴ HR AB

Is the presentation consistent with **suspected** or **confirmed** infection? → NO

↓ YES

Does patient meet **ANY** of the following criteria?

Appears seriously unwell Being treated for infection with worsening symptoms Whānau or carer is very concerned

↓ YES

NO

RED FLAGS

- New oxygen requirement
- RR \geq 25
- SBP \leq 90 mmHg **OR** \geq 40 mmHg below patient's normal
- HR \geq 130
- Skin ashen/mottled **OR** non-blanching rash
- Responds to voice only **OR** pain/unresponsive
- Recent chemotherapy

ONE OR MORE
RED FLAG

NO RED FLAG

AMBER FLAGS

- Persistent whānau concern
- RR 21 - 24 **OR** respiratory distress
- HR 91 - 129 **OR** new arrhythmia
- SBP 91 - 100 mmHg
- Temp $<$ 36°C **OR** $>$ 39°C
- Altered mental state

≥ 1 flag ticked

No flag ticked – Exit pathway*

- If >1 flag ticked, have a lower threshold for treating as Red Flag Sepsis
- Consider urgent investigations, advice, and observation
- Use judgement to decide if can be managed in the community
- Ensure antibiotics given <3 hours if indicated

Start Sepsis Six
NOW

If >1 flag ticked
or deterioration,
consider

SEPSIS SIX

Perform as many of these steps as possible

1. Arrange immediate ambulance transfer to hospital. State Red Flag Sepsis. Inform family/whānau of transfer with suspected sepsis
2. Advise emergency team of patient's arrival and seek senior help, if available.
3. Give oxygen if $\text{SpO}_2 \leq 92\%$, target saturation $\geq 94\%$ (88 - 92% if known CO_2 retainer).
4. Gain IV access and draw at least two sets of blood cultures from a single site.
5. Give IV or IM antibiotics (2 g ceftriaxone or if weight is less than 40 kg, use dose of 50 mg/kg).
6. Give IV fluids (500 ml 0.9% saline, repeated if clinically indicated up to a maximum of 2000 mL).

If discharging, provide written advice and arrange review at 24-48 hours.

*In case of deterioration
restart screening

Adults and Young People
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