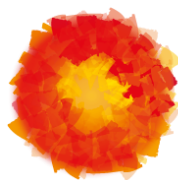


PhRAsE

Prehospital Recognition and Antibiotics for
999 patients with Sepsis: a feasibility study



THE UK
SEPSIS
TRUST

PRE-HOSPITAL SEPSIS SCREENING TOOL

Is the NEWS 3 or above?

Does the patient look very sick?

YES

NO

Low risk of sepsis. If concerned consider other diagnoses, transfer as required. Use standard protocols. If not for transfer, recommend contact GP/OOH/111 if concerned, or 999 if patient deteriorates rapidly

Is the history suggestive of infection?

- Yes, but source not obvious
- Pneumonia/ likely chest source
- Urinary Tract Infection
- Abdominal pain or distension
- Cellulitis/ septic arthritis/ infected wound
- Device-related infection
- Meningitis

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

NO

Are any Amber Flags present?

- Relatives concerned about mental status
- Acute deterioration in functional stability
- Immunosuppressed
- Trauma/surgery/procedure in last 6 weeks
- Respiratory rate 21-24 OR breathing hard
- Systolic BP 91-100mmHg
- Heart rate 91-130 OR new arrhythmia
- Not passed urine in last 12-18 hours
- Temperature <36C
- Clinical signs of wound, device or skin infection

YES

Are any Red Flags present?

- Responds only to voice or pain/ unresponsive
- Systolic B.P ≤ 90 mmHg (or drop >40 from normal)
- Heart rate > 130 per minute
- Respiratory rate ≥ 25 per minute
- Needs oxygen to keep SpO₂ $\geq 92\%$
- Non-blanching rash, mottled/ ashen/ cyanotic
- Not passed urine in last 18 hours
- Recent chemotherapy

NO

Sepsis likely

Transfer to designated destination.
Communicate likelihood of sepsis at handover.

Red Flag Sepsis!

Follow PhRAsE Protocol (overleaf)

Resuscitation and Pre-alert

- Oxygen to maintain sats $>94\%$ (88% if COPD)
- 250ml boluses of sodium chloride (max 250mls if normotensive, max 2000ml if hypotensive)

Patient identified as having Red Flag Sepsis



Will the patient be conveyed to UHW?

NO

YES

TRIAL PROTOCOL AIDE MEMOIRE

Do any of the following exclusion criteria apply?:

- Under 18
- Pregnant
- Known allergy to antibiotics

YES

Follow usual care
Patient NOT eligible for PhRASE

NO

Use next sequentially numbered scratchcard out of sight of the patient
NB keep the scratchcard to record outcome on randomisation log

CONTROL

Offer usual care

INTERVENTION

Cannulate patient

Unable to cannulate
after 3 attempts

Take blood cultures

Patient refusal

Administer Cefotaxime 2g IV

Continue with usual care

CLINICAL PROTOCOL

On way to ED:

Label blood culture bottles with interim labels around neck of bottle (do not cover barcode)
Fill in specimen request form including WAST incident number
NB if attending paramedic was working on RRV, they must swap to the ambulance to travel with the patient to ED themselves

On arrival at ED:

Handover blood culture bottles and specimen request form separately
(they require further labelling)
Ensure triage nurse writes time of first dose of antibiotics on sepsis six sticker

Replace used PhRASE Trial Box components from paramedic cupboard at ED Reseal with new dated cable tie

Before leaving ED:

Complete randomisation log located in UHW resus and file scratchcard with it
Text the Research Support Officer (07387249874) the incident number