



CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

Sepsis Awareness in Dentistry

(Medical Emergencies)

Aims: To provide an up-to-date overview of sepsis, its causes, signs and symptoms across age groups, relevant clinical risk stratification, and where dental teams can access and use up-to-date sepsis recognition and referral tools in dental practice.

Learning Outcomes: On completion of this verifiable CPD article, the participant will be able to demonstrate, through completion of a questionnaire scoring above 70%, the ability to:

- Define sepsis.
- Identify common causes of sepsis.
- Recognise key symptoms in different age groups.
- Locate and use the most relevant UK clinical toolkits for suspected sepsis.
- Describe appropriate practice policies and referral protocols for patients at risk of sepsis.

Introduction

Sepsis is the immune system's overreaction to an infection or injury. Normally, our immune system fights infection – but sometimes, for reasons we do not yet understand, it attacks our body's own organs and tissues. If not treated immediately, sepsis can result in organ failure and death. Yet with early diagnosis, it can be treated with antibiotics.¹ Although sepsis is often referred to as either blood poisoning or septicaemia (bacteraemia), these terms refer to the invasion of bacteria into the bloodstream. Sepsis can affect multiple organs or the entire body, even without blood poisoning or septicaemia. Sepsis can also be caused by viral or fungal infections, although bacterial infections are by far the most common cause.²

Sepsis following a bacterial infection from a dental condition or treatment is rare, but it is possible for this life-threatening condition to occur if patients are not managed appropriately.³

Dental practices should have systems and processes in place to manage, follow up and refer patients for specialist care when presenting with bacterial infections. Dental care professionals should be aware of these protocols. This includes treating patients who:

1. Are not responding to conventional oral antibiotic treatment.
2. Cannot have their infection drained at an initial appointment.

All members of the team should be aware of:

- The advice that should be given to patients, including when they should seek emergency advice or treatment if symptoms worsen or when the dental surgery is closed.³

The UK Sepsis Trust states that "Sepsis is a potentially life-threatening condition, triggered by infection. It can be difficult to spot but kills at least 48,000 people a year in the UK. Up to 245,000 people are affected by Sepsis each year."¹

Therefore, in dental practice it is essential that a system is in place for the team to consider the risk of sepsis and have a protocol in place if you are to meet the General Dental Council standards of putting patients interest first and maintain, develop, and work within your professional knowledge and skills.^{1,4}

Causes of Sepsis

Sepsis can be triggered by an infection in any part of the body. The most common sites of infection leading to sepsis are the lungs, urinary tract, abdomen, and pelvis. Sepsis may develop when you are already in hospital. For example, you are more likely to develop sepsis if:

- You have recently had surgery.
- You have had a urinary catheter fitted.
- You have to stay in hospital for a long time.⁵

Infections Linked to Sepsis

Types of infection associated with sepsis include:

- ✓ Lung infection (pneumonia).
- ✓ Appendicitis.
- ✓ An infection of the thin layer of tissue that lines the inside of the abdomen (peritonitis).
- ✓ An infection of the bladder, urethra or kidneys (urinary tract infection).
- ✓ An infection of the gallbladder (cholecystitis) or bile ducts (cholangitis).
- ✓ Skin infections, such as cellulitis – this can be caused by an intravenous catheter that's been inserted through the skin to give fluids or medication.
- ✓ Bloodstream (bacteraemia)

- ✓ Secondary infection sites can also include surgical wounds and invasive device-associated infections.
- ✓ Post surgery infections.
- ✓ Infections of the brain and nervous system such as meningitis or encephalitis.
- ✓ Flu (in some cases).
- ✓ Bone infection (osteomyelitis).
- ✓ Heart infection (endocarditis).

Sometimes the specific infection and source of sepsis cannot be identified.⁵

What Causes the Symptoms of Sepsis?

Usually, your immune system keeps an infection limited to one place. This is known as a localised infection. Your body produces white blood cells, which travel to the site of the infection to destroy the germs causing infection. A series of biological processes occur, such as tissue swelling, which helps fight the infection and prevents it spreading. This process is known as inflammation.

If your immune system is weak or an infection is particularly severe, it can quickly spread through the blood into other parts of the body. This causes the immune system to go into overdrive, and the inflammation affects the entire body. This can cause more problems than the initial infection, as widespread inflammation damages tissue and interferes with blood flow.

The interruption in blood flow leads to a dangerous drop in blood pressure, which stops oxygen reaching your organs and tissues.⁵

People at Risk

Everybody is potentially at risk of developing sepsis from minor infections. However, some people are more vulnerable, including people who:

- Have a medical condition that weakens their immune system – such as HIV or leukaemia.
- Are receiving medical treatment that weakens their immune system – such as chemotherapy or long-term steroids.
- Are very young or very old.
- Are pregnant or postpartum up to 4 weeks.
- Have a long-term health condition – such as diabetes.
- Are already in hospital with a serious illness.

- Have to stay in hospital for a long time.
- Have just had surgery or have wounds or injuries as a result of an accident.
- Are on mechanical ventilation – where a machine is used to help you breathe.
- Have drips or catheters attached to their skin.
- Are genetically prone to infections.⁵

Sepsis is a particular risk for people already in hospital because of another serious illness. Bacterial infections that can be caught in hospital, such as MRSA, tend to be more serious, as these bacteria have often developed a resistance to many commonly used antibiotics.²

Sepsis Symptoms in Adults

How to spot sepsis in adults:

- S**lurred speech or confusion
- E**xtrême shivering or muscle pain
- P**assing no urine (in a day)
- S**evere breathlessness
- I**t feels like you're going to die
- S**kin mottled or discoloured¹

In some cases, symptoms of more severe sepsis or septic shock (when your blood pressure drops to a dangerously low level) develop soon after.

These can include:

- Feeling dizzy or faint.
- A change in mental state – such as confusion or disorientation.
- Diarrhoea.
- Nausea and vomiting.
- Slurred speech.
- Severe muscle pain.
- Severe breathlessness.
- Less urine production than normal – for example, not urinating for a day.
- Cold, clammy, and pale or mottled skin.
- Loss of consciousness.²

Sepsis Symptoms in Children

A child with any of these symptoms below should be taken straight to A&E or call 999 and ask could it be sepsis?

- Are breathing very fast.

- Have a 'fit' or convulsion.
- Look mottled, bluish, or pale – on darker pigmented skin, colour changes may show on the inside of the forearms or palms.
- Have a rash that does not fade when you press it.
- Are very lethargic or difficult to wake.
- Feel abnormally cold to touch.¹

Sepsis Symptoms in Children under 5

A child under 5 may have sepsis if they:

- Are not feeding.
- Are vomiting repeatedly.
- Have not passed urine for 12 hours.

If a child has any of the symptoms listed below or is getting worse or is sicker than expected, you should call 111 or contact your GP.¹

Temperature

- Temperature over 38°C in babies under three months.
- Low temperature - below 36°C in babies under three months.
- Temperature over 39°C in babies aged three to six months.
- Any high temperature in a child who cannot be encouraged to show interest in anything.

Breathing

- Finding it much harder to breathe than normal – looks like hard work.
- Making "grunting" noises with every breath.
- Cannot say more than a few words at once (for older children who normally talk).
- Breathing that obviously "pauses".

Activity and body

- Soft spot on a baby's head is bulging.
- Eyes look "sunken".
- Child cannot be encouraged to show interest in anything.
- Baby is floppy.
- Weak, "whining" or continuous crying in a younger child.
- Older child who is confused.
- Not responding or very irritable.
- Stiff neck, especially when trying to look up and down.²

Sepsis is preventable and treatable.

Do you know the Signs of Sepsis?



Fever/
Shivering or
Very Cold



Rapid
Breathing



Extreme Pain/
Physical
Discomfort



Pale or
Mottled
Skin



Disoriented/
Confused &
Sleepy/Difficult
to Wake



Elevated
Heart Rate

Identifying Suspected Sepsis in Dental Patients

Dental teams should **not diagnose** sepsis but should be trained to recognise signs that indicate the need for urgent referral to emergency medical services (999/ A&E), especially where systemic symptoms accompany dental infection.

Risk Stratification and Referral

NICE has recently reorganised its sepsis guidance into three separate population specific guidelines:

- **NG253:** adults aged 16 and over
 - **NG254:** children and young people under 16
 - **NG255:** pregnant or recently pregnant people
- These guidelines emphasise early recognition and referral rather than in practice treatment. They can be accessed with the link below:

<https://www.nice.org.uk/guidance/ng253/resources/suspected-sepsis-managing-and-evaluating-risk-all-settings-pdf-15494830813>

Care Quality Commission (CQC) and Sepsis Awareness



CQC inspections now consider how dental practices manage patients who present with infections that could progress to sepsis. Inspectors may ask staff to describe pathways for infection management and review patient records to ensure infections

were appropriately escalated. Practices demonstrating robust systems for sepsis related referrals meet current expectations for safe and well-led services.³

When they inspect the management of sepsis, they assess against:

- [Regulation 9: Person centred care](#)
- [Regulation 12: Safety of care and treatment](#)
- [Regulation 17: Good governance](#)

Practice Policy and Team Training



It is important that practice policies are updated to ensure all team members are trained in how to recognise sepsis. This should be reflected by:

- Updating the practice infection control policy to reflect current Sepsis guidance.
- Sepsis awareness and recognition training should be part of induction and ongoing CPD. Including training for telephone triage of patients by reception staff.
- A comprehensive record of team training in sepsis awareness. Documentation of training and audit of referral pathways should be part of practice quality assurance.
- Ensuring the practice has an effective out of hours service that can identify patients at risk of sepsis and provide access to appropriate advice and treatment without delays.
- All patients with systemic symptoms linked to infection should be advised appropriately about seeking emergency care if symptoms worsen.

Uk Sepsis Toolkits

The following toolkits can be used in practice and for training. They can be downloaded and customised to your practice from the following link:

<https://sepsistrust.org/healthcare-professionals/clinical-tools/>

The UK Sepsis Trust's 2025 tools emphasise that while early recognition and escalation of suspected sepsis is essential, dental teams must also practise strong antimicrobial stewardship by prescribing antibiotics only when clinically indicated and in line with current guidance.

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR HAS ABNORMAL PHYSIOLOGY

RISK FACTORS FOR SEPSIS INCLUDE (NB a normal or low temperature does not exclude sepsis):

- Age > 75
- Impaired immunity (e.g. diabetes, steroids, chemotherapy)
- Frailty, communication difficulties, socioeconomic deprivation, minority ethnic group
- Recent trauma / surgery / invasive procedure
- Indwelling lines / IVDU / broken skin

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Respiratory
- Brain
- Urine
- Surgical
- Skin / joint / wound
- Other
- Indwelling device

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY REDS FLAG PRESENT?

- Objective evidence of new or altered mental state
- Respiratory rate ≥ 25 per minute
- New need for O₂ (40% or more) to keep SpO₂ > 92% (>88% in COPD)
- Systolic BP ≤ 90 mmHg (or drop of >40 from normal)
- Heart rate > 130 per minute
- Not passed urine in 18 hours (<0.5ml/kg/hr if catheterised)
- Non-blanching rash / mottled / ashen / cyanotic

RED FLAG SEPSIS START BUNDLE

04 ANY AMBER FLAGS PRESENT?

- Family report abnormal behaviour or mental state
- Reduced functional ability
- Respiratory rate 21-24
- Systolic BP 91-100 mmHg
- Heart rate 91-130 or new dysrhythmia
- SpO₂ < 92% on air or increased O₂ requirement
- Not passed urine in 12-18 h (0.5ml/kg/hr to 1ml/kg/hr if catheterised)
- Immunocompromised
- Signs of infection including wound infection
- Temperature <36°C
- Trauma, surgery or invasive procedures in last 6 weeks

USE CLINICAL JUDGEMENT TO DETERMINE WHETHER PATIENT CAN BE MANAGED IN COMMUNITY SETTING. IF TREATING IN THE COMMUNITY CONSIDER:

- PLANNED SECOND ASSESSMENT +/- BLOODS
- FOLLOW UP WITH GP
- SPECIFIC SAFETY NETTING ADVICE

NO AMBER FLAGS: ROUTINE CARE AND GIVE SAFETY-NETTING ADVICE:

CALL 111 IF CONDITION CHANGES OR DETERIORATES. SIGNPOST TO AVAILABLE RESOURCES AS APPROPRIATE

CALL 999 IF ANY OF:

- Slurred speech or confusion
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- "I feel I might die"
- Skin mottled, ashen, blue or very pale

RED FLAG BUNDLE: DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER IF PRESCRIBER AVAILABLE & TRANSIT TIME >1HR GIVE IV ANTIBIOTICS

Ensure communication of 'Red Flag Sepsis' to crew. Advise crew to pre-alert as 'Red Flag Sepsis'. Where possible a written handover is recommended including observations and antibiotic allergies.



THE UK SEPSIS TRUST

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01 START THIS CHART IF YOUNG PERSON LOOKS UNWELL, IF PARENT IS CONCERNED OR HAS ABNORMAL PHYSIOLOGY e.g. PEWS**RISK FACTORS FOR SEPSIS INCLUDE:** Impaired immunity (e.g. diabetes, steroids, chemotherapy)**CONSIDER ANY ADVANCE DIRECTIVE/ CARE PLAN** Recent trauma / surgery / invasive procedure
 Indwelling lines / IVDU / broken skin**02 COULD THIS BE DUE TO AN INFECTION?****LIKELY SOURCE:** Respiratory Urine Skin / joint / wound Indwelling device
 Brain Surgical Other**SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS****03 ANY RED FLAGS PRESENT?**

-
- Objective evidence of new or altered mental state
-
-
- Respiratory rate
- ≥ 25
- per minute
-
-
- New need for O
- ₂
- (40% or more) to keep SpO
- ₂
- $> 92\%$
- (
- $> 88\%$
- in COPD)
-
-
- Systolic BP
- ≤ 90
- mmHg (or drop of
- > 40
- from normal)
-
-
- Heart rate
- > 130
- per minute
-
-
- Not passed urine in 18 hours (
- < 0.5
- ml/kg/hr if catheterised)
-
-
- Non-blanching rash / mottled / ashen / cyanotic

RED FLAG SEPSIS START BUNDLE**04 ANY AMBER FLAGS PRESENT?**

-
- Family report abnormal behaviour or mental state
-
-
- Reduced functional ability
-
-
- Respiratory rate 21-24
-
-
- Systolic BP 91-100 mmHg
-
-
- Heart rate 91-130 or new dysrhythmia
-
-
- SpO
- ₂
- $< 92\%$
- on air or increased O
- ₂
- requirement
-
-
- Not passed urine in 12-18hr (0.5ml/kg/hr to 1ml/kg/hr if catheterised)
-
-
- Immunocompromised
-
-
- Signs of infection including wound infection
-
-
- Temperature
- $< 36^{\circ}\text{C}$
-
-
- Trauma, surgery or invasive procedures in the last 6 weeks

USE CLINICAL JUDGEMENT TO DETERMINE WHETHER PATIENT CAN BE MANAGED IN COMMUNITY SETTING. IF TREATING IN THE COMMUNITY CONSIDER:

- PLANNED SECOND ASSESSMENT +/- BLOODS
- FOLLOW UP WITH GP
- SPECIFIC SAFETY NETTING ADVICE

NO AMBER FLAGS: ROUTINE CARE AND GIVE SAFETY-NETTING ADVICE:CALL 111 IF CONDITION CHANGES OR DETERIORATES.
SIGNPOST TO AVAILABLE RESOURCES AS APPROPRIATE

CALL 999 IF ANY OF:

Slurred speech or confusion
Extreme shivering or muscle pain
Passing no urine (in a day)
Severe breathlessness
'I feel I might die'
Skin mottled, ashen, blue or very pale**RED FLAG BUNDLE:**
DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER IF PRESCRIBER AVAILABLE & TRANSIT TIME > 1 HR GIVE IV ANTIBIOTICS**THE UK SEPSIS TRUST**

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Ensure communication of 'Red Flag Sepsis' to crew. Advise crew to pre-alert as 'Red Flag Sepsis'. Where possible a written handover is recommended including observations and antibiotic allergies.

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01 START THIS CHART IF THE CHILD LOOKS UNWELL, IF PARENT IS CONCERNED OR PHYSIOLOGY IS ABNORMAL e.g. PEWS

RISK FACTORS FOR SEPSIS INCLUDE:

- Impaired immunity (e.g. diabetes, steroids, chemotherapy)
- Indwelling lines / IVDU / broken skin
- Recent trauma / surgery / invasive procedure

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Respiratory
- Brain
- Urine
- Surgical
- Skin / joint / wound
- Other
- Indwelling device

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY RED FLAGS PRESENT?

- Mental state or behaviour is acutely altered
- Doesn't wake when roused / won't stay awake
- Looks very unwell to healthcare professional
- SpO2 < 90% on air or increased O2 requirements
- Severe tachypnoea (see chart)
- Severe tachycardia (see chart)
- Bradycardia (<60 bpm)
- Non-blanching rash / mottled / ashen / cyanotic

RED FLAG SEPSIS START BUNDLE

04 ANY AMBER FLAGS PRESENT?

IF IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

- Not behaving normally
- Reduced activity / very sleepy
- Parental or carer concern
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO2 < 92% on air or increased O2 requirement
- Capillary refill time ≥ 3 seconds
- Reduced urine output (<1 ml/kg/h if catheterised)
- Leg pain / cold extremities
- Temperature <36°C
- Immunocompromised

USE CLINICAL JUDGEMENT TO DETERMINE WHETHER PATIENT CAN BE MANAGED IN COMMUNITY SETTING. IF TREATING IN THE COMMUNITY CONSIDER:

- PLANNED SECOND ASSESSMENT +/- BLOODS
- FOLLOW UP WITH GP
- SPECIFIC SAFETY NETTING ADVICE

NO AMBER FLAGS : ROUTINE CARE AND GIVE SAFETY-NETTING ADVICE:

**RED FLAG BUNDLE:
DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER
IF PRESCRIBER AVAILABLE & TRANSIT TIME
>1HR GIVE IV ANTIBIOTICS**

COMMUNICATION: Ensure communication of 'Red Flag Sepsis' to crew. Advise crew to pre-alert as 'Red Flag Sepsis'. Where possible a written handover is recommended including observations and antibiotic allergies.

Age (years)	Tachypnoea (breaths per minute)		Tachycardia (beats per minute)	
	Severe	Moderate	Severe	Moderate
5	>29	24-28	>130	120-129
6-7	>27	24-26	>120	110-119
8-11	>25	22-26	>110	100-114



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01 START THIS CHART IF THE CHILD LOOKS UNWELL, IF PARENT IS CONCERNED OR PHYSIOLOGY IS ABNORMAL e.g. PEWS

RISK FACTORS FOR SEPSIS INCLUDE:

- Impaired immunity (e.g. diabetes, steroids, chemotherapy)
- Indwelling lines / IVDU / broken skin
- Recent trauma / surgery / invasive procedure

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Respiratory
- Urine
- Skin / joint / wound
- Indwelling device
- Brain
- Surgical
- Other

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY RED FLAGS PRESENT?

- Mental state or behaviour is acutely altered
- Doesn't wake when roused / won't stay awake
- Looks very unwell to healthcare professional
- SpO₂ < 90% on air or increased O₂ requirements
- Severe tachypnoea (see chart)
- Severe tachycardia (see chart)
- Bradycardia (<60 bpm)
- Non-blanching rash / mottled / ashen / cyanotic
- If under 3 months, temperature 38°+
- Temperature <36°C

RED FLAG SEPSIS
START BUNDLE

04 ANY AMBER FLAGS PRESENT?

IF IMMUNITY IMPAIRED TREAT AS RED FLAG SEPSIS

- Not behaving normally
- Reduced activity / very sleepy Parental or carer concern
- Moderate tachypnoea (see chart)
- Moderate tachycardia (see chart)
- SpO₂ < 92% on air or increased O₂ requirement
- Nasal flaring
- Capillary refill time ≥ 3 seconds
- Reduced urine output (<1 ml/kg/h if catheterised)
- Leg pain / cold extremities
- If 3-6 months, temperature 39°+
- Immunocompromised

USE CLINICAL JUDGEMENT TO DETERMINE WHETHER PATIENT CAN BE MANAGED IN COMMUNITY SETTING. IF TREATING IN THE COMMUNITY CONSIDER:

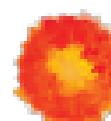
- PLANNED SECOND ASSESSMENT +/- BLOODS
- FOLLOW UP WITH GP
- SPECIFIC SAFETY NETTING ADVICE

NO AMBER FLAGS : ROUTINE CARE AND GIVE SAFETY-NETTING ADVICE:

RED FLAG BUNDLE:
DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER IF PRESCRIBER AVAILABLE & TRANSIT TIME >1HR GIVE IV ANTIBIOTICS

COMMUNICATION: Ensure communication of 'Red Flag Sepsis' to crew. Advise crew to pre-alert as 'Red Flag Sepsis'. Where possible a written handover is recommended including observations and antibiotic allergies.

Age (years)	Tachypnoea (Breaths per minute)		Tachycardia (Beats per minute)	
	Severe	Moderate	Severe	Moderate
<1	≥60	50-59	≥160	150-159
1-2	≥60	60-59	≥150	140-149
3-4	≥60	35-39	≥160	130-139



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01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR PHYSIOLOGY IS ABNORMAL

RISK FACTORS FOR SEPSIS INCLUDE:

- Impaired immunity (e.g. diabetes, steroids, chemotherapy)
- Recent trauma / surgery / invasive procedure
- Indwelling lines / IVDU / broken skin

02 COULD THIS BE DUE TO AN INFECTION?

LIKELY SOURCE:

- Respiratory
- Urine
- Infected caesarean / perineal wound
- Breast abscess
- Abdominal pain / distension
- Chorioamnionitis / endometritis

SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS

03 ANY RED FLAGS PRESENT?

- Objective evidence of new or altered mental state
- Systolic BP \leq 90 mmHg (or drop of $>$ 40 from normal)
- Heart rate $>$ 130 per minute
- Respiratory rate \geq 25 per minute
- New need for O₂ (40% or more) to keep SpO₂ $>$ 92% ($>$ 88% COPD)
- Non-blanching rash / mottled / ashen / cyanotic
- Not passed urine in 18 hours ($<$ 0.5ml/kg/hr if catheterised)

RED FLAG SEPSIS START BUNDLE

04 ANY AMBER FLAGS PRESENT?

- Acute deterioration in functional ability
- Family report mental status change
- Respiratory rate 21-24
- Heart rate 100-130 or new dysrhythmia
- Systolic BP 91-100 mmHg
- Trauma, surgery or invasive procedures in the last 6 weeks
- Temperature $<$ 36°C
- Has diabetes or impaired immunity
- Close contact with GAS
- Prolonged rupture of membranes
- Offensive vaginal discharge
- Not passed urine in 12-18 h (0.5 ml/kg/hr to 1 ml/kg/hr if catheterised)
- Wound infection

USE CLINICAL JUDGEMENT TO DETERMINE WHETHER PATIENT CAN BE MANAGED IN COMMUNITY SETTING. IF TREATING IN THE COMMUNITY CONSIDER:

- PLANNED SECOND ASSESSMENT +/- BLOODS
- FOLLOW UP WITH GP
- SPECIFIC SAFETY NETTING ADVICE

NO AMBER FLAGS: ROUTINE CARE AND GIVE SAFETY-NETTING ADVICE:

CALL 111 IF CONDITION CHANGES OR DETERIORATES.
SIGNPOST TO AVAILABLE RESOURCES AS APPROPRIATE

CALL 999 IF ANY OF:

- Slurred speech or confusion
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- 'I feel I might die'
- Skin mottled, ashen, blue or very pale

**RED FLAG BUNDLE:
DIAL 999 AND ARRANGE BLUE LIGHT TRANSFER IF PRESCRIBER AVAILABLE & TRANSIT TIME $>$ 1HR GIVE IV ANTIBIOTICS**

Ensure communication of 'Red Flag Sepsis' to crew. Advise crew to pre-alert as 'Red Flag Sepsis'. Where possible a written handover is recommended including observations and antibiotic allergies.



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Treatment for Sepsis

In practice, UK hospitals treat sepsis with a combination of:

1. Rapid recognition and early escalation.
2. Intravenous broad-spectrum antibiotics (ideally within the first hour for high-risk patients).
3. Intravenous fluids to support circulation.
4. Monitoring of vital signs and organ function.
5. Source control and tailored care once the infection is better defined.
6. Regular reassessment and clinical review to adjust treatment.⁶

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Personal Development Plan and Reflective Learning

This CPD is linked to the following GDC Enhanced CPD Development Outcome:

C. Maintenance and development of knowledge and skill within your field of practice.

Reflective learning is now a requirement of the GDC Enhanced Professional Development Scheme. As such, you will now be offered the opportunity to answer some reflective learning questions for the CPD you complete. These will be:

- 1) What did you learn (or confirm) from the activity that was helpful or relevant to your daily work and patients?
- 2) Comment on any changes/updates needed in your daily work
- 3) How has completion of this CPD article benefitted your work as a DCP?

Examples will be provided. Please remember that you need to fill this in on completion of the exam but you can also update this at any time from your CPD log. If you take a few moments to write your reflection on completion, you will have fulfilled the Enhanced CPD requirements.

Further Reading

[Useful Toolkits for Sepsis available from NICE](#)

References

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