

Respiratory and Sepsis Emergency Red Flags

Respiratory Medicine and Infectious Disease | Updated October 2026

Immediate emergency / resuscitation-level referral

- Silent chest, exhaustion, confusion or worsening PaCO₂ in severe asthma; stridor or suspected upper-airway obstruction
- SpO₂ dangerously low with severe work of breathing, shock, cyanosis, apnea or inability to speak
- COPD exacerbation with confusion or hypercapnic acidemia; NIV/airway evaluation may be needed
- Sudden dyspnea with pleuritic pain and thromboembolic risk; suspected high-risk pulmonary embolism
- Tension pneumothorax pattern: hypotension, severe distress and unilateral reduced breath sounds
- Suspected pneumonia with new confusion, hypotension, tachypnea or severe hypoxemia
- Active hemoptysis threatening airway, rapidly worsening ILD, large complicated effusion or empyema
- Possible anaphylaxis: hypotension or airway symptoms after exposure - immediate IM epinephrine by trained clinicians
- Fever in neutropenia, meningitis features, severe sepsis with organ dysfunction, febrile post-travel malaria risk
- Child with grunting, stridor at rest, severe retractions, cyanosis, apnea or inability to drink

High-risk pitfall reminders

- Pulse oximetry does not measure ventilation or PaCO₂; a normal SpO₂ cannot reassure if respiration is depressed.
- A patient with severe asthma who becomes quieter and drowsy may be failing, not improving.
- Do not delay emergency decompression for tension pneumothorax while awaiting radiography.
- Do not use a negative D-dimer to exclude PE when clinical probability is high.
- Isolation precautions and TB referral are warranted on clinical suspicion before cultures finalize.

Emergency handover template

- Onset and trajectory, vitals, work of breathing, SpO₂, conscious level, baseline respiratory history.
- Relevant exposure/VTE/TB risk, immunosuppression, pregnancy, allergies, current drugs and prior ICU/NIV.
- Treatments initiated, response, testing available, reason for urgent escalation and receiving team.

[GINA 2026: Asthma strategy and summary guide](#)

[GOLD 2026: COPD report and pocket guide](#)

[Surviving Sepsis Campaign 2026 adult guideline](#)

Independent examination-preparation content, not clinical care directions or official exam policy. Follow current local guidelines, drug monographs, professional scope and emergency protocols.