

*Suspect*

**S E P S I S**

**Shivering**  
Fever or Very  
Cold

**Extreme**  
Pain or  
General  
Discomfort

**Pale**  
or Discolored  
Skin

**Sleepy,**  
Difficult to  
Wake or  
Confused

**I**  
Feel  
Like I  
May Die

**Short**  
of Breath

*Save Lives*

**BEGIN AGAIN FOUNDATION**

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