SEPSIS

Sepsis Trust NZ

Maternal Sepsis screening and action tool

To be applied to all woman who are pregnant or up to six weeks postpartum (or after the end of pregnancy if pregnancy did not end in a birth) who have a suspected infection or have clinical observations outside normal limits.

Patient label

Name

NHI DOB

Address

Form completed by

Date (DD/MM/YY) Name (Print)

Designation Signature

1. Has MEWS triggered?

OR does woman look sick?

OR is fetus tachycardic (≥ 160bpm)?

OR more than 2 temperatures greater than 37.5°C

OR 1 temperature ≥ 38°C

NO → Low risk of sepsis. Use standard protocols, consider discharge with safety netting. Consider obstetric needs.

YES ↓

2. Could this be an infection?

- ☐ Yes, but source unclear at present
- ☐ Chorioamnionitis/ endometritis
- ☐ Urinary tract infection
- ☐ Infected caesarean or perineal wound
- ☐ Influenza, severe sore throat, or pneumonia
- ☐ Abdominal pain or distension
- ☐ Breast abscess / mastitis
- ☐ Other (specify)

NO → 4. Any Amber Flag criteria?

YES ↓

3. Is ONE maternal Red Flag present?

- ☐ Responds to only voice or pain / unresponsive
- ☐ Systolic BP ≤ 90 mmHg (or drop > 40 from normal)
- ☐ Heart rate > 130 per minute
- ☐ Respiratory rate ≥ 25 per minute
- ☐ Needs oxygen to keep SpO^2 ≥ 92%
- ☐ Non-blanching rash, mottled / ashen / cyanotic
- ☐ Not passed urine in last 18 hours
- ☐ Urine output less than 0.5 ml/kg/hr
- ☐ Lactate ≥ 2 mmol/l
  (Note – Lactate may be raised in and immediately after normal labour and delivery)

NO → 4. Any Amber Flag criteria?

YES ↓

4. Any Amber Flag criteria?

- ☐ Relatives worried about mental status
- ☐ Māori and/or Pacific ethnicity
- ☐ Acute deterioration in functional ability
- ☐ Respiratory rate 21-24 OR breathing hard
- ☐ Heart rate 100-130 or new arrhythmia
- ☐ Systolic BP 91-100mmHg
- ☐ Not passed urine in last 12-18 hours
- ☐ Temperature < 36°C
- ☐ Immunosuppressed / diabetes / gestational diabetes
- ☐ Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, cerclage, CVs miscarriage, termination)
- ☐ Prolonged rupture of membranes
- ☐ Close contact with Group A Strep
- ☐ Bleeding / wound infection / vaginal discharge
- ☐ Non-reassuring CTG / fetal tachycardia > 160

YES ↓

Discuss with senior clinician, decide either

	Time complete	Initials
Start Sepsis Six Pathway (see page 2)		
Take Bloods and review within 1 hour (FBC, U&E, CRP, LFT, coag, Lactate)		
Hold off bloods and review within 1 hour		

YES ↓

Clinical deterioration or AKI or lactate >2

☐ YES ☐ NO

	Time complete	Initials
Clinician to make antimicrobial prescribing decision within 3 hours		

Red Flag Sepsis! Start Sepsis Six pathway NOW (see page 2)

This is time critical, immediate action is required.

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Action (complete ALL within 1 hour)

1. Administer oxygen

Aim to keep saturations >94%

Time complete

Initials

2. Take blood cultures

At least a peripheral set. Consider e.g. urine, sputum, vaginal swabs, breast milk culture, throat swabs. Think source control and timing of birth of baby – start CTG!

Time complete

Initials

3. Give IV antibiotics

Refer to hospital antimicrobial guideline

Consider allergies prior to administration

Time complete

Initials

4. Give IV fluids

If Hypotensive/lactate >2mmol/l, 500ml stat (can repeat up to 30ml/kg). Ask doctor regarding fluids if not hypertensive and lactate normal. Consult senior clinician regarding fluids if patient has pre-eclampsia

Time complete

Initials

5. Check serial lactates

If lactate > 2 for fluid challenge and serial lactates every 2 hours until normal

If lactate not reducing or remain > 4 despite fluid challenge escalate to critical care

Time complete

Initials

6. Get senior help

Arrange urgent investigation and referrals

Document follow-up plan

Time complete

Initials

After delivering the Sepsis Six, does patient still have any of the following?

- systolic BP < 90 mmHg
- reduced level of consciousness despite resuscitation
- respiratory rate over 25 breaths per minute
- lactate not reducing or > 2mmol/l

If escalation remains clinically appropriate. Refer to hypoperfusion pathway

Sepsis six plus 2

1. Assess fetal state and consider delivery or evacuation of retained products of conception
2. Consider thromboprophylaxis

Maternal sepsis antibiotics

Refer to hospital antimicrobial guideline