

# Maternal Sepsis Screening and Action Tool

To be applied to **all women 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: \_\_\_\_\_  
dd/mm/yy

Address: \_\_\_\_\_

or patient details

## Staff member completing form:

Date (DD/MM/YY):  Name (print):

Designation:  Signature:

### 1. Has MEWS triggered?

- OR does woman look sick?  
OR is baby tachycardic ( $\geq 160$  bpm)?  
OR more than 2 temperatures greater than 37.5  
OR 1  $\geq 38^\circ\text{C}$

↓ YES

### 2. Could this be an infection?

- Yes, but source unclear at present  Tick
- 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):

↓ YES

### 3. Is ONE maternal Red Flag present?

- Responds only to voice or pain/ unresponsive  Tick
- Systolic B.P  $\leq 90$  mmHg (or drop  $>40$  from normal)
- Heart rate  $> 130$  per minute
- Respiratory rate  $\geq 25$  per minute
- Needs oxygen to keep  $\text{SpO}_2 \geq 92\%$
- Non-blanching rash, mottled/ ashen/ cyanotic
- Not passed urine in last 18 hours
- Urine output less than 0.5 ml/kg/hr
- Lactate  $\geq 2$  mmol/l

(Note - Lactate may be raised in & immediately after normal labour & delivery)

↓ YES

NO

Low risk of sepsis. Use standard protocols, consider discharge with safety netting. Consider obstetric needs.

↑ NO

### 4. Any Maternal Amber Flag criteria?

- Relatives concerned about mental status
- Acute deterioration in functional ability
- Respiratory rate 21-24 OR breathing hard
- Heart rate 100-130 OR new arrhythmia
- Systolic B.P 91-100 mmHg
- Not passed urine in last 12-18 hours
- Temperature  $< 36^\circ\text{C}$
- 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 and decide either:

- |   | Time complete        | Initials             |
|---|----------------------|----------------------|
| Start Sepsis Six pathway (see page 2)                                 | <input type="text"/> | <input type="text"/> |
| Take bloods and review within 1hr (FBC, U&E, CRP, LFT, coag, lactate) | <input type="text"/> | <input type="text"/> |
| Hold off bloods and review within 1hr                                 | <input type="text"/> | <input type="text"/> |

↓

### Clinical deterioration or AKI or lactate $>2$

YES

NO

↓

- Clinician to make antimicrobial prescribing decision within 3h
- | Time complete        | Initials             |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Red Flag Sepsis!! Start Sepsis Six pathway NOW (see overleaf)

This is time critical, immediate action is required.

## Maternal Sepsis Screening and Action Tool

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dd/mm/yy

Address: \_\_\_\_\_

**Inform Consultant Obstetrician & Obstetric Anaesthetist;**  
**OR consider transfer to HDU. State patient has Red Flag Sepsis**

Time zero

Consultant informed?  
 (Tick)

Initials

### Action (complete ALL within 1 hour)

Reason not done/variance

#### 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 & timing of birth of baby- start CTG!

Time complete

Initials

#### 3. Give IV antibiotics

According to maternal sepsis guideline  
Consider allergies prior to administration

Time complete

Initials

#### 4. Give IV fluid

If hypotensive/lactate >2mmol/l, 500ml stat (can repeat up to 30ml/kg). Ask doctor regarding fluids if not hypotensive 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 remains >4 despite fluid challenge for escalation to critical care.

Time complete

Initials

Not applicable – initial lactate

#### 6. Measure urine output

May require urinary catheter  
Ensure fluid balance chart commenced & completed hourly

Time complete

Initials

#### If after delivering the Sepsis Six, patient still has:

- systolic B.P <90 mmHg
- reduced level of consciousness despite resuscitation
- respiratory rate over 25 breaths per minute
- lactate not reducing

Or if patient is clearly critically ill at any time

**Then call Critical Care team immediately!!**

#### Maternal sepsis antibiotics:

2g IV Ceftriaxone 12 hourly + 600mg IV Clindamycin 8 hourly + Gentamicin OD (as per gentamicin prescribing guidelines)

#### Maternal sepsis with severe penicillin allergy:

400mg IV Ciprofloxacin 8 hourly (providing in second or third trimester) + 600mg IV Clindamycin 8 hourly + Gentamicin OD (as per gentamicin prescribing guidelines)