

SEPSIS SCREENING TOOL ACUTE ASSESSMENT

PREGNANT
OR UP TO 4 WEEKS POST-PREGNANCY

PATIENT DETAILS:

DATE:

TIME:

NAME:

DESIGNATION:

SIGNATURE:

01 START THIS CHART IF THE PATIENT LOOKS UNWELL OR MEWS HAS TRIGGERED

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

SEPSIS
UNLIKELY,
CONSIDER
OTHER
DIAGNOSIS

03 ANY RED FLAG PRESENT?

- MEWS score is 8 or higher
or any one of:

- Objective evidence of new / altered mental state
 Non-blanching rash / mottled / ashen / cyanotic
 Lactate ≥ 2 mmol/l*
 Not passed urine in 18 hours (<0.5 ml/kg/hr if catheterised)
*lactate may be raised in & immediately after normal delivery

**RED FLAG
SEPSIS**
START MATERNAL
SEPSIS SIX

04 ANY AMBER FLAG PRESENT?

- MEWS score is 5 or higher
or any one of:

- Acute deterioration in functional ability
 Has had invasive procedure in last 6 weeks
 Temperature $< 36^{\circ}\text{C}$
 Has diabetes or gestational diabetes
 Close contact with GAS
 Prolonged rupture of membranes
 Bleeding / wound infection
 Offensive vaginal discharge
 Non-reassuring CTG / fetal tachycardia >160
 Behavioural / mental status change

SEND FULL SET OF BLOODS

ENSURE MIDWIFE IN CHARGE REVIEWS
WITHIN 15 MINS & ST3+ WITHIN 60 MINS

IF ANTIMICROBIALS NEEDED, GIVE THESE
AND ACHIEVE SOURCE CONTROL WITHIN 3 H

I have prescribed antimicrobials

This patient does not require antimicrobials as:

- I don't think this patient has an infection
- Patient already on appropriate antimicrobials
- Escalation is not appropriate
- Other _____

Name:

Date:

Grade:

Time:

**NO AMBER FLAGS =
ROUTINE CARE / CONSIDER
OTHER DIAGNOSIS**



THE UK
SEPSIS
TRUST

SEPSIS 6 Care Bundle

Seek urgent review by senior Obstetric Registrar (ST3) or above/ Consultant and/or Anaesthetist

Consider transfer to Maternity HDU

If woman is still antenatal consider continuous EFM if appropriate

All actions to be completed within 1 hour

Time & initials

Reason not done / variance

1. Administer Oxygen Aim to keep saturations >94%	Time: Initials:	
2. Take Blood Cultures Consider: urine, sputum, vaginal swab, throat swab, wound site swab, breast milk culture	Time: Initials:	
3. Give IV Antibiotics According to agreed maternity antimicrobial protocol	Time: Initials:	
4. Give IV Fluids If hypotensive / lactate >2mmol/l give 500mls fluid bolus. <u>Ensure anaesthetist is involved with management of women with pre-eclampsia</u>	Time: Initials:	
5. Check serial lactate VGB/ABG	Time: Initials:	
6. Measure fluid input and output Consider indwelling catheter. Ensure hourly fluid balance chart / HDU chart commenced	Time: Initials:	

Current antimicrobial guideline:

If admitted to maternity HDU consider input from critical outreach team