

Waterford: Antimicrobial Guidelines - Antimicrobial Guideline: Sepsis Screening Tool for Maternity Patients



This form does not replace clinical judgement

Women's Name: _____
 Date of Birth: _____
 Healthcare Record No: _____
 Addressograph _____

SEPSIS SCREENING TOOL FOR MATERNITY PATIENTS (UP TO 42 DAYS POST-PARTUM) ACUTE HOSPITALS ONLY

Obstetric History
 Para: _____ Gestation: _____ Days post-natal: _____ Delivery type: _____ Recent pregnancy loss? _____

Any Healthcare Professional (HCP) should start this tool if **CONFIRMED** or **SUSPECTED** INFECTION present PLUS presence of ≥ 1 of the triggers listed below

Site of Infection (If known) _____

Patient looks sick Patient/Family/Carer/Clinician Concern
 Elevated IMEWS ≥ 2 yellows or ≥ 1 pink GP/Ambulance personnel queries sepsis
 In an Adult Emergency Department - Manchester Triage Category 2

YES *Time Zero: : : : Name _____ Grade _____
 *When the patient 1st triggers for sepsis screen NMBI/MCRN _____ DATE: ___/___/___

REQUEST MEDICAL REVIEW AS PER ESCALATION AND RESPONSE PROTOCOLS TO RISK ASSESS PATIENT USING ISBAR

Is any ONE RED FLAG present?

Signs of Shock

Systolic Blood Pressure < 90mmHg (or drop of > 40mmHg below normal +/- Point of care lactate > 2mmols/L).
Rule Out PPH

OR

Evidence of New Organ Dysfunction (any one of the following)

Acutely altered Mental Status
 Respiratory Rate > 30 bpm
 Heart rate >130 bpm
 Not passed urine in 12 hours or urine output < 0.5mls/kg/hr
 Non blanching rash
 New or increased need for O₂ to achieve SpO₂ >90%
 Pallor/mottling with central CRT > 3 seconds
 Other organ dysfunction _____

OR

Risk of Neutropenia

Recent chemotherapy/radiotherapy/autoimmune disorder

NO RED FLAGS - CHECK FOR AMBER FLAGS

≥ 2 Systemic Inflammatory Responses (SIRS) that are sustained not transient WITH/ WITHOUT Risk Factors.

Respiratory rate ≥ 20 bpm
 Heart rate ≥ 100 and ≤ 130 bpm
 Temperature < 36 or ≥ 38.0 °C
 Blood glucose level > 7.7 mmol/L (in absence of diabetes mellitus)
 WCC < 4 or > 16.9×10^9 /L
 Fetal HR >160bpm

Risk factors

Pregnancy Related	Non Pregnancy Related
<input type="checkbox"/> Cerclage	<input type="checkbox"/> Age > 35 years
<input type="checkbox"/> Pre-term/prolonged rupture of membranes	<input type="checkbox"/> Minority ethnic group
<input type="checkbox"/> Retained products	<input type="checkbox"/> Vulnerable socio-economic background
<input type="checkbox"/> History pelvic infection	<input type="checkbox"/> Obesity
<input type="checkbox"/> Group A Strep. infection in close contact	<input type="checkbox"/> Diabetes, including gestational diabetes
<input type="checkbox"/> Recent amniocentesis	<input type="checkbox"/> Recent surgery
	<input type="checkbox"/> Symptoms of infection in the past week
	<input type="checkbox"/> Immunocompromised e.g. Systemic Lupus
	<input type="checkbox"/> Chronic renal failure
	<input type="checkbox"/> Chronic liver failure
	<input type="checkbox"/> Chronic heart failure

PROBABLE SEPSIS
 IMMEDIATE ACTION IS REQUIRED

POSSIBLE SEPSIS

NEGATIVE SCREEN SEPSIS UNLIKELY AT THIS TIME

EXIT PATHWAY

Sign _____
 MCRN / NMBI (AN/MP) _____

Treat as per diagnosis and continue to monitor. Rescreen if deteriorates

SITE OF INFECTION (IF KNOWN) _____

START SEPSIS 6+1 NOW
 INFORM SENIOR DECISION MAKER
 See overleaf



**SEPSIS TREATMENT PROTOCOL FOR ADULTS
(NON MATERNITY) ≥16 YRS
SEPSIS 6 BUNDLE
- COMPLETE WITHIN 1 HOUR**

Addressograph

TAKE 3	1 TAKE BLOOD CULTURES 2 sets of peripheral blood cultures (aseptic technique) prior to giving antimicrobials unless this leads to a delay >45mins. If patient has CVAD, take line cultures at the same time. Other cultures as indicated by history and examination.	Time Taken: □□:□□
	2 TAKE BLOOD TESTS FBC, Renal and Liver profile, point of care lactate , CRP +/- coagulation screen. If initial lactate elevated > 2mmols/L, repeat lactate after sepsis 6 bundle to assess response.	Time Taken: □□:□□
	3 URINARY OUTPUT ASSESSMENT Assess urinary output as part of volume/perfusion status assessment. For patients with sepsis/septic shock start fluid balance charts. Catheterisation and hourly measurements may be required.	Time: □□:□□ Fluid balance chart commenced <input type="checkbox"/>
GIVE 3	4 IV ANTIMICROBIALS (if appropriate), THINK SOURCE CONTROL. Consider Microbiology review	
	Red Flags (PROBABLE SEPSIS) IV Antimicrobials within 1 HOUR TIME GIVEN □□:□□ <input type="checkbox"/> Patient already on appropriate antimicrobials <input type="checkbox"/> This patient does not require antimicrobials at this time	Amber Flags (POSSIBLE SEPSIS) Review test results to identify infectious vs non-infectious causes of acute illness. If infection confirmed, administer IV antimicrobials within 3 HOURS . Note: If infection with new onset organ dysfunction present (e.g. AKI, thrombocytopenia or hyperlactatemia etc.) administer antimicrobials immediately. TIME GIVEN □□:□□
GIVE 5	5 GIVE IV FLUID BOLUS IF REQUIRED For patients with hypotension or hypoperfusion give a 250 - 500mls IV fluid bolus of balanced crystalloid. Administer a total volume of fluid resuscitation up to 30ml/kg within the first 3 hours unless fluid intolerant or the patients clinical condition requires earlier referral to critical care for consideration of inotropes/ vasopressors, Reassess response to fluid resuscitation frequently. Refer to fluid resuscitation algorithm.	Time Given: □□:□□ or N/A <input type="checkbox"/>
	6 GIVE OXYGEN IF REQUIRED Titrate supplementary oxygen to maintain oxygen saturations 94-96% (88-92% for patients with chronic lung disease).	Time Given: □□:□□ or N/A <input type="checkbox"/>
Reassess vital signs at least every 30 minutes. IF CONDITION WORSENING / NOT IMPROVING, ESCALATE TO CONSULTANT. Consider SEPTIC SHOCK if MAP less than 65mmHg DESPITE FLUID RESUSCITATION and escalate to critical care.		
<input type="checkbox"/> Sepsis UNLIKELY at this time, treat as per working diagnosis, continue to monitor. Rescreen if deteriorates <input type="checkbox"/> This is likely to be SEPSIS at this time <input type="checkbox"/> Senior Clinician informed Signature _____ MCRN / NMBI (ANP) _____ Print _____ Date: ___/___/___ Time □□:□□		