

Inpatient Maternal Sepsis Screening Tool



University Hospitals Bristol
NHS Foundation Trust

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 birth) who have a suspected
infection or have clinical observations outside normal limits

Inform Consultant Obstetrician & Obstetric Anaesthetist;

Time zero

Consultant / obs unit informed?

Initials

OR consider transfer to Delivery Suite. State patient has **High Risk Sepsis**

Action (complete ALL within 1 hour)

Time Complete

Initials

Reason not done/variance

1. Administer Oxygen

Aim to keep saturations >94%

2. Take Blood and Blood Cultures

At least one peripheral set. Consider Urine, Sputum, vaginal swabs, breast milk culture, throat swabs.

Think Source Control and timing of delivery of baby—start CTG

3. Give IV Antibiotics

According to trust protocol

Consider allergies prior to administration

4. Give IV Fluids

If hypotensive/lactate ≥ 2 mmol, 500ml stat (repeat up to 30ml/kg)

Ask Doctor regarding Fluids if not hypotensive and lactate normal

Ask Anaesthetist regarding fluids if patient has pre-eclampsia

5. Check Serial Lactates

Corroborate high VBG lactate with arterial sample

If Lactate ≥ 4 mmol/l commence Maternal Critical Care

Recheck after each 10ml/kg challenge

Not applicable—Initial Lactate <2mmol ☐

6. Measure Urine Output

May require urinary catheter

Ensure Fluid Balance chart commenced and completed hourly

If after delivering the Sepsis Six, patient still has:

- Systolic BP < 90 mmHg
- Reduced level of consciousness despite resuscitation
- Respiratory rate over 25 breaths per minute
- Lactate not reducing

Or patient is clearly critically ill at any time

Consider need for transfer to Critical Care facilities outside of the maternity service

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Staff member completing form:

Date:
Name (print):
Designation:
Signature:

Patient details (affix label):

Trust Number:
NHS number:
Surname:
Forename:
Gender: DoB:

Date & Time Zero:

Low Risk of sepsis. Use standard guidelines. Treat with antibiotics if indicated. Consider obstetric needs. ☐

- 1. Has MOEWS /NEWS (if on ward 78) triggered?** ☐ Tick
OR does woman look sick? ☐
OR is there a fetal tachycardia (≥ 160 bpm) ☐

4. Any Moderate Risk criteria? ☐ Tick

- Relative 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 $< 36^{\circ}\text{C}$ or $> 38^{\circ}\text{C}$ ☐
Immunosuppressed / diabetes / gestational diabetes ☐
Has had invasive procedure in last 6 weeks (e.g. instrumental delivery ERPC, cerclage, CVS, miscarriage, termination) ☐
Prolonged rupture of membranes ☐
Close contact with Group A Streptococcus ☐
Bleeding / wound infection / vaginal discharge ☐
Non-reassuring CTG / fetal tachycardia >160 ☐

2. Could this be an infection? ☐ Tick

- 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:) ☐

3. Is ONE High Risk criteria present? ☐ Tick

- Responds only to voice or pain / unresponsive ☐
Systolic B.P ≤ 90 mmHg (or drop > 40 from normal) ☐
Heart Rate > 130 per minute ☐
Respiratory rate ≥ 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 ≥ 2 mmol/l (if 2 moderate criteria) ☐
(note: lactate may be raised in & immediately after normal labour & delivery)

Send Bloods if 2 criteria present, consider if 1
Include lactate, FBC, U&Es, CRP, LFTs, clotting
Immediate call to ST3 + doctor /
Coordinating midwife **For review within 1 hr:**
Time clinician / Midwife Attended

Time Complete Initials

Is Acute Kidney Injury present? (tick) YES ☐ NO ☐

Clinician to make antibiotic prescribing decision within 3 hours

Time Completed Initials

High Risk Sepsis. Start Sepsis 6 Pathway NOW (See overleaf)
This is time critical, immediate action required.