SEPSIS IN MATERNITY PATIENTS – RECOGNITION AND IMMEDIATE MANAGEMENT

NHS Lanarkshire

Date ☐/☐/ 20 Admission time ……

Assessment time ……

Initial assessment by (Name): ……

Midwife FY 2 ST 1 2 3 4 5 6 7 Other……

Patient Details / label

Name:

CHI:

Fill out whenever sepsis is suspected on arrival in hospital, OR when sepsis is diagnosed in an inpatient.

START: Look for Signs of Systemic Inflammation in every patient with an elevated MOEWS OR where infection is likely

Signs of Systemic Inflammation Criteria:

1. Respiratory rate >20bpm ☐
2. Temperature <36 or >38°C ☐
3. Heart Rate >100bpm ☐
4. White cell count <4 or >16 ☐
5. Acutely altered mental state (AMT<8 or <A on AVPU) ☐
6. Bedside glucose >7.7mmol/L without diabetes ☐

If SSI 2 or more AND INFECTION SUSPECTED :**THIS IS SEPSIS**

Commence the Sepsis Six immediately
Assess fetal wellbeing
Involve Maternity coordinator/ obstetric registrar / anaesthetist

Likely Source of Infection?

- Genital ☐
- Urinary tract ☐
- Wound ☐
- Respiratory ☐
- Intraabdominal ☐
- Breast ☐
- Throat ☐
- Other…… ☐

Sepsis Six: Aim to complete within 1 hour of arrival in hospital

(OR for inpatients: within 1 hour since SSI criteria reached)

		Time:	Initials:	Notes/Result:
1. Oxygen to achieve Saturations >94%, ≤ 98%	☐	……	……	……
2. IV fluids (up to 1500mls stat of Hartmann's, caution with PET)	☐	……	……	……
3. Blood Cultures and	☐	……	……	……
4. Bloods for Lactate, FBC, Coag, U+E's and Group and Save	☐	……	……	……
5. IV antibiotics as per local guidelines (refer to appendix 1)	☐	……	……	……
6. Catheterise (measure hourly urine volumes, aim >0.5ml/kg/hour)	☐	……	……	……

Results must be available and acted upon within 1 hour)
Ensure Consultant Obstetrician and Anaesthetist involvement

Signs of organ dysfunction:

- Systolic BP <90 OR MAP <65 OR Systolic > 40 below patient's normal ☐
- New need for O_2 to achieve sats >90% ☐
- Lactate >2 mmol/L ☐
- Urine <0.5ml/kg/hr for 2 hours ☐
- Creatinine >177mmol/L ☐
- Bilirubin > 34 micromol/L ☐
- INR>1.5 or aPTT>60s ☐
- Platelets <100 x 10^9/L ☐

THIS IS SEVERE SEPSIS

Ensure Consultant Obstetrician and Consultant Anaesthetist involvement & consider delivery if A/N
Minimal hourly MOEWS scoring
Move patient to HDU

Reassess frequently in first hour. Consider other investigations and management. Look for septic shock:.

Lactate >4 ☐ Hypotensive after 20ml/kg fluid ☐
(Systolic BP <90 or MAP < 65 or systolic >40 below baseline)

If either present: # THIS IS SEPTIC SHOCK.

Immediately contact consultant obstetrician and anaesthetist if not already present. ☐ ……
Move patient to ACCU. ☐ ……
Immediately commence 6-hour resuscitation bundle ☐ ……

EXIT/MODIFICATION OF GUIDELINE:

Not all patients with a high SSI/SIRS score have sepsis, OR there may be additional problems requiring different management At any stage, if the guideline is exited or modified, record the reason here:

- Not Sepsis ☐
- Other problem in addition to sepsis ☐

Datix Completed ☐

NHS Lanarkshire
Women's Services Directorate
To be read with Sepsis in Maternity Patients – recognition and immediate management.
Appendix 1: Antibiotic treatment

If possible take blood for blood culture prior to antibiotic administration.

Do not wait for microbiology results before commencing antibiotics.

Start broad spectrum antibiotics immediately.

1. If source of sepsis is thought to be genital tract

	Antibiotic Choice	Antibiotic Choice if **Penicillin Allergy**
Sepsis	IV co-amoxiclav 1.2g three times daily Plus IV Metronidazole 500mg three times daily	IV Clindamycin 900mg three times daily
Severe Sepsis	IV Piperacillin/Tazobactam* 4.5g four times daily Plus IV Clindamycin 1.2g four times daily	IV Clindamycin 1.2g four times daily Plus IV Gentamicin (refer to Gentamicin guidelines for maternity patients: NHS Lanarkshire)
Septic Shock	IV Piperacillin/Tazobactam* 4.5g four times daily Plus IV Clindamycin 1.2g four times daily Plus IV Gentamicin (refer to Gentamicin guidelines for maternity patients: NHS Lanarkshire)	IV Clindamycin 1.2g four times daily Plus IV Gentamicin (refer to Gentamicin guidelines for maternity patients: NHS Lanarkshire)

* ALERT antibiotic, ALERT paperwork required.

Consider discussion with the on call Consultant Microbiologist in all cases of severe sepsis and septic shock.

2. If source of sepsis is not genital tract refer to NHSL Empirical first line antibiotic therapy for adults (if hyperlink unavailable, access through Firstport: applications, MEDED, drug prescribing guidance, antibiotics-acute policies; empirical first line antibiotic therapy for adult patients-NHSL policy) and discuss with on call microbiologist if necessary. Some antibiotics in this document are not safe for use in pregnancy and breastfeeding-if considering use consult with specialist pharmacist (or on call) for advice.

   If MRSA is the suspected causative microorganism IV Vancomycin should be used after discussion with the on call consultant microbiologist.

Developed by Dr G Peters. Approved by MCEG and Antimicrobial Management Committee August 2013. Ratified by ADTC December 2013.

Review date December 2016.