

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

**MATERNAL SEPSIS PATHWAY**  
 RECOGNISE · RESUSCITATE · REFER  
**Greater than 20 weeks gestation / Up to 42 days post-partum**

Emergency department and inpatient maternal sepsis pathway  
 Use relevant febrile neutropenia guidelines if the woman has haematology/oncology diagnosis

**ARE YOU CONCERNED THAT THE WOMAN COULD HAVE EARLY SEPSIS?**

Does the woman have any of the following sepsis risk factors, signs or symptoms?

- |  |   |
|--|---|
| <input type="checkbox"/> History of fevers or rigors   | <input type="checkbox"/> Myalgia/back pain/general malaise/headache |
| <input type="checkbox"/> Cough/sputum/breathlessness   | <input type="checkbox"/> Dysuria/frequency/odour                    |
| <input type="checkbox"/> Flu like symptoms   | <input type="checkbox"/> New onset of confusion or altered LOC      |
| <input type="checkbox"/> Unexplained abdominal pain/distension   | <input type="checkbox"/> Recent surgery/cellulitis/wound infection  |
| <input type="checkbox"/> Vomiting and/or diarrhoea   | <input type="checkbox"/> Immunocompromised/chronic illness          |
| <input type="checkbox"/> Line associated infection/redness/swelling/pain   | <input type="checkbox"/> Possible breast infection                  |
| <input type="checkbox"/> Possible intrauterine infection (PROM/prolonged labour/retained products/fetal tachycardia) |   |

**MATERNAL SEPSIS CAN OFTEN PRESENT WITH VAGUE NON-SPECIFIC SYMPTOMS**

**PLUS**

*(record observations on the Standard Maternity Observation Chart - SMOC)*

<p><b>Does the woman have any RED ZONE observations OR additional criteria OR serious clinician concern?</b></p>	<b>OR</b>	<p><b>Does the woman have any YELLOW ZONE observations OR additional criteria OR clinician concern?</b></p> <p><i>*Temperature instability is consistent with sepsis</i></p>
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<p><b>YES</b></p> <p><b>The woman has SEVERE SEPSIS or SEPTIC SHOCK until proven otherwise</b></p> <ul style="list-style-type: none"> <li>Sepsis is a medical emergency</li> <li>Call for a Rapid Response (as per local CERS) unless already made</li> <li>Conduct a targeted history and clinical examination</li> </ul>	<p><b>YES</b></p> <p><b>The woman may have SEPSIS</b></p> <ul style="list-style-type: none"> <li>Sepsis is a medical emergency</li> <li>Call for a Clinical Review (as per local CERS) unless already made</li> <li>Conduct a targeted history and clinical examination</li> <li>Obtain <b>SENIOR CLINICIAN</b> review to confirm diagnosis and prioritise investigations and management</li> <li>Look for other causes of deterioration</li> </ul> <p><b>Does the senior clinician consider the woman has sepsis?</b></p>	<p><b>NO</b></p> <p><b>Look for other common causes of deterioration and treat</b></p> <p>Hypovolaemia                  Concealed abruption                  Pulmonary embolus/DVT                  Pre-eclampsia</p> <ul style="list-style-type: none"> <li>Initiate appropriate clinical care</li> <li>Continue to monitor on the SMOC</li> <li>Repeat observations within 30 minutes AND increase the frequency of observations as indicated by the woman's condition</li> <li>Document decision/diagnosis and management plan in the health care record</li> <li>Re-evaluate for sepsis if observations remain abnormal or deteriorate</li> </ul>
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**Commence treatment as per sepsis resuscitation guideline (over page) AND inform the Attending Medical Officer (as per local CERS)**

Discuss management plan with the woman and her family  
 Adapt treatment to the woman's end of life care plan if applicable

**REVIEW THE NEWBORN OR FETUS FOR SIGNS AND SYMPTOMS OF DETERIORATION**

**RECOGNISE**

**RESPOND & ESCALATE**



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 BINDING MARGIN - NO WRITING

NH700107 111016

**MATERNAL SEPSIS PATHWAY**

**SMR060.402**

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**MATERNAL SEPSIS PATHWAY**

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**Sepsis recognition**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_

**Emergency Department Patient**

Triage category 1 2 3 4 5

**Inpatient** Ward: \_\_\_\_\_

**Clinical Review**

**Rapid Response**

*Consider other causes of deterioration (such as hypovolaemia, concealed abruption, pulmonary embolus/DVT or pre-eclampsia) until sepsis is confirmed or if the woman does not respond to treatment as expected*



**RESUSCITATE**

<b>A</b>	<b>Airway</b> - Assess and maintain patent airway
<b>B</b>	<b>Breathing</b> - Assess and administer oxygen if required; aim SpO <sub>2</sub> ≥ 95% (or as per local guidelines)
<b>C</b>	<p><b>Circulation</b> - Large bore vascular access, blood/culture collection, IV fluid resuscitation and antibiotics <i>Call for expert assistance after two failed cannulation attempts</i></p> <p style="text-align: center;"><b>IF PREGNANT ASSESS THE FETUS</b></p> <p>Collect Blood Cultures <input type="checkbox"/> Yes <input type="checkbox"/> Not obtained Take two (2) sets from two (2) separate sites</p> <p>Collect Lactate (<i>venous or arterial sample</i>) <input type="checkbox"/> Yes <input type="checkbox"/> Not obtained Increasing or no improvement in serum lactate levels after adequate fluid resuscitation is significant Lactate: ____ . ____ mmol/L</p> <p>Collect FBC, EUC, CRP/PCT, LFTs, coags and glucose <input type="checkbox"/> Yes <input type="checkbox"/> Not obtained BGL: ____ . ____ mmol/L</p> <p>Order and collect other cultures prior to antibiotics (unless a <b>SENIOR CLINICIAN</b> assesses that this would result in an unacceptable delay in commencing antibiotic therapy) E.g. Urine, vaginal swabs/lochia, breast milk, stool, wound, placental, viral swabs and throat</p> <p><b>Fluid Resuscitation</b></p> <ul style="list-style-type: none"> <li>• Use crystalloid</li> <li>• Aim Systolic Blood Pressure &gt; 90mmHg</li> <li>• Monitor for signs of pulmonary oedema and review at risk women more frequently</li> <li>• Use caution for women who may have pre-eclampsia</li> </ul> <p><input type="checkbox"/> <b>Emergency Department</b> Give initial 20mL/kg STAT, if no response repeat 20mL/kg STAT</p> <p><input type="checkbox"/> <b>Inpatient units</b> Initial 250 – 500mL STAT, if no response repeat 250 – 500mL STAT</p> <p style="text-align: center;"><b>If no response in SBP after 1000 mL of fluid call a Rapid Response</b></p>

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## MATERNAL SEPSIS PATHWAY

RECOGNISE · RESUSCITATE · REFER

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**RESUSCITATE**

C

**Antibiotics** First/new antibiotic administered Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_

*USE LOCAL ANTIBIOTIC PRESCRIBING GUIDELINE*

Prescribe and administer IV antibiotics within **60 MINUTES** of sepsis recognition

Blood cultures (at least two sets) and other relevant cultures should be collected **PRIOR** to antibiotic administration. However if difficult to obtain or the woman has severe sepsis or septic shock do not delay administration of IV antibiotic(s).

Consider alternate source of infection including viral

Consult Infectious Diseases Physician or Clinical Microbiologist (if available)

- For women already on antibiotic(s)
- For women who have severe sepsis/septic shock

D

**Disability - Assess level of consciousness (LOC)** using Alert, Voice, Pain, Unresponsive (AVPU)

E

**Exposure** - Re-examine the woman for source of sepsis to guide further investigation  
Collect swabs, cultures, and chest X-ray if indicated

F

**Fluid** - Monitor and document strict fluid input/output and consider an IDC

G

**Check Blood Glucose Level** – Manage as per local guidelines

Monitor and Reassess

**Continue monitoring, assess for signs of deterioration and escalate as per local CERS:**

- Respiratory rate in the Red or Yellow Zone
- SBP < 90mmHg
- Decreased or no improvement in level of consciousness
- Urine output < 80mL over 4 hours
- Increasing or no improvement in serum lactate

Consider commencement of vasopressors in consultation with an Intensive Care specialist

*INTENSIVE CARE MAY BE REQUIRED*

**REFER**

Update the Attending Medical Officer on the woman's condition using ISBAR  Yes

Discuss the management plan with the woman and her family  Yes

Sepsis management plan documented by a medical officer in health care record as per page 4 (over)  Yes

Update the newborn's care team on the woman's condition  Yes

Does the local/referral Intensive care specialist or the Tiered Maternity and Neonatal Network need to be contacted for advice?  Yes  No

Name: \_\_\_\_\_ Designation \_\_\_\_\_ Signature: \_\_\_\_\_



SMR060402

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# SEPSIS MANAGEMENT PLAN

Women with presumed sepsis are at high risk of deterioration despite initial resuscitation with intravenous antibiotics and fluids. These women require a management plan that must to be discussed with the Attending Medical Officer (AMO) and Intensive care specialist. The Infectious Diseases/Clinical Microbiology Specialist and Antimicrobial Stewardship (AMS) team are to be consulted where necessary. The plan should be communicated to the Senior Medical Officer, Midwife/Nurse in Charge, the woman and her family.

**Specific management plans are to be documented in the woman's health care record**

		Complete
<b>Initial 24 hours</b>	<b>Continue monitoring</b> <ul style="list-style-type: none"> <li>Prescribe the frequency of observations <i>Minimum recommendation every 30 minutes for 2 hours, then hourly for 4 hours</i></li> <li>Monitor and reassess for signs of sepsis deterioration which may include one or more of the following:                             <div style="background-color: #e0e0e0; padding: 5px; margin: 5px 0;">                                 Respiratory rate in the Red or Yellow Zone                                  Systolic blood pressure &lt; 90mmHg                                  Decreased or no improvement in level of consciousness                                  Urine output less than 80mL over 4 hours                                  No improvement in serum lactate level                             </div> </li> </ul> <p>If deteriorating (has any Red or Yellow Zone criteria), escalate as per your local CERS and inform AMO</p>	<input type="checkbox"/>  <input type="checkbox"/>
	<b>Repeat lactate 4 and 8 hours post recognition</b> <p>4 hours Date: ____ / ____ / ____ Time: ____ : ____ Result ____ . ____ mmol/L</p> <p>8 hours Date: ____ / ____ / ____ Time: ____ : ____ Result ____ . ____ mmol/L</p>	<input type="checkbox"/> <input type="checkbox"/>
	<b>Fluid resuscitation</b> <ul style="list-style-type: none"> <li>Prescribe IV fluids as appropriate based on the woman's condition <i>Monitor for signs of fluid overload/pulmonary oedema</i></li> </ul>	<input type="checkbox"/>
	<b>Reassess</b> <ul style="list-style-type: none"> <li>Complete a targeted physical examination</li> <li>Confirm diagnosis and consider other causes of deterioration (e.g. hypovolaemia, concealed abruption, pre-eclampsia, PE/DVT)</li> <li>Check preliminary results and consider repeats</li> <li>Repeat Venous Thromboembolism (VTE) risk assessment</li> <li>Reassess the newborn or fetus for signs of deterioration</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Review treatment/management</b> <ul style="list-style-type: none"> <li>Discuss with AMO</li> <li>Document a plan to continue, change or cease antibiotics</li> <li>Continue monitoring for signs of deterioration</li> <li>If the woman's recovery is uncertain or she is considered high risk, discuss the goals of care with the woman and her family</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>24 - 48 hours</b>	<b>Reassess</b> <ul style="list-style-type: none"> <li>Complete a targeted physical examination</li> <li>Actively seek microbiological/investigations results and review</li> <li>Confirm diagnosis and document source of sepsis in the health care record</li> <li>Reassess the newborn or fetus for signs of deterioration</li> <li>Discuss with the AMO</li> <li>Document a plan to continue, change or cease antibiotics</li> <li>Consider seeking advice from infectious disease/microbiology physician</li> <li>Obtain AMS approval for restricted antibiotics</li> <li>Repeat biochemistry as indicated</li> <li>Continue monitoring for signs of deterioration</li> <li>Update the newborn's care team on the woman's condition</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Continue to monitor as per woman's condition – observations, medical review, antibiotics**

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