

Name _____
 DOB _____
 Hosp. No _____

Whittington Health **NHS**

OBSTETRIC SEPSIS PATHWAY

Triggering for sepsis: at: By: _____ Grade / Band: _____

If at any time systolic BP \leq 70 mmHg / not recordable or lactate \geq 4 mmol/L
 Call ICU SpR immediately (blp: 2613) and start immediate actions

1 SCREEN FOR SEPSIS	2 IMMEDIATE ACTIONS	3 TREAT SHOCK AGGRESSIVELY
<p>Any clinical evidence of infection or at increased risk of an infection:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Genital tract <input type="checkbox"/> Breast <input type="checkbox"/> Respiratory tract <input type="checkbox"/> Urinary tract <input type="checkbox"/> Abdomen / pelvic <input type="checkbox"/> Indwelling catheter / line / device <input type="checkbox"/> Skin / soft tissue / bone / joint <input type="checkbox"/> Meningitis <input type="checkbox"/> Unknown source, but infection likely <p>Perform qSOFA; are 2 or more present from:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Systolic BP < 100 <input type="checkbox"/> RR \geq 22 <input type="checkbox"/> New confusion / GCS < 15 / \downarrow AVPU <p style="text-align: center;">Infection + \geq 2 qSOFA = Sepsis This is a MEDICAL EMERGENCY Begin IMMEDIATE ACTIONS Absence of fever does NOT exclude sepsis</p> <p>If any of the following red flags are present, discuss urgently with your SpR as patient may still have sepsis:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HR \geq 100 <input type="checkbox"/> Lactate \geq 2 <input type="checkbox"/> WCC \geq 17 or \leq 4 \times 10⁹/L <input type="checkbox"/> Temp \geq 38.3°C or \leq 36°C <input type="checkbox"/> Non blanching rash / mottled / ashen / cyanotic <input type="checkbox"/> Urine output < 0.5ml/kg/hr / anuria for > 12hrs <input type="checkbox"/> Clinically suspect sepsis 	<p>Inform obstetric registrar <input type="checkbox"/></p> <p>Inform anaesthetic registrar <input type="checkbox"/></p> <p>Start MEOWS chart <input type="checkbox"/></p> <p style="text-align: right;">time</p> <p>Prescribe & administer O2 to keep SpO2 > 94%</p> <p style="text-align: right;"><input type="text"/> : <input type="text"/></p> <p>Fluid bolus 500mL Hartmann's STAT</p> <p style="text-align: right;"><input type="text"/> : <input type="text"/></p> <p>Blood cultures 2 Sets from 2 Sites DO NOT DELAY ABx</p> <p style="text-align: right;">value <input type="text"/> : <input type="text"/></p> <p>Lactate <input type="text"/> : <input type="text"/></p> <p>Antibiotics given STOP prophylactic ABx, START treatment ABx Consider gentamicin 2mg/kg</p> <p style="text-align: right;"><input type="text"/> : <input type="text"/></p> <p>Urine output Insert urinary catheter Use fluid balance chart for strict input/output monitoring</p> <p style="text-align: right;"><input type="text"/> : <input type="text"/></p> <p>Refer to ICU / CCOT (blp: 2613) All patients with \geq 2 qSOFA MUST be referred</p> <p style="text-align: right;"><input type="text"/> : <input type="text"/></p> <p>Move patient to LW recovery <input type="text"/> : <input type="text"/></p> <p>Inform consultants Anaesthetic & Obstetric consultants</p> <p style="text-align: right;"><input type="text"/> : <input type="text"/></p> <p>Take high vaginal swabs <input type="text"/> : <input type="text"/></p> <p>Consider flu swabs <input type="checkbox"/></p>	<p>Any features of septic shock present following immediate actions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Systolic BP \leq 90 mmHg <input type="checkbox"/> Lactate \geq 2 mmol/L <p style="text-align: center;">This patient has SEPTIC SHOCK Mortality > 40% Begin ALL ACTIONS BELOW</p> <p style="text-align: right;">time</p> <p>Ensure adequate IV access <input type="text"/> : <input type="text"/></p> <p style="text-align: center;">Use fluids in pre-eclampsia with caution: under senior anaesthetic & obstetric guidance</p> <p>Repeat fluid bolus 500mL Hartmann's STAT</p> <p style="text-align: right;">2nd <input type="text"/> : <input type="text"/></p> <p style="text-align: right;">3rd <input type="text"/> : <input type="text"/></p> <p style="text-align: right;">4th <input type="text"/> : <input type="text"/></p> <p>Give gentamicin Typical antepartum dose 1.5mg/kg TDS Typical postpartum dose 7mg/kg STAT</p> <p style="text-align: right;">value <input type="text"/> : <input type="text"/></p> <p>Repeat lactate <input type="text"/> : <input type="text"/></p> <p>Source control Remove infected lines / devices. Consider surgery.</p> <p style="text-align: right;"><input type="text"/> : <input type="text"/></p>
	IMMEDIATE	WITHIN 1 HOUR

Once complete **photocopy this document. File the original** in the patient notes AND place **the copy** in your **local sepsis drop box**

ANTIMICROBIAL THERAPY FOR MATERNAL SEPSIS

In all cases, **stop any prophylactic antibiotics** (eg erythromycin for women with PPRM) and **start therapeutic** antibiotics as detailed below.

	Clinical Situation	First line	Non-severe penicillin allergy (eg delayed rash)	Severe penicillin allergy (eg Anaphylaxis, bronchospasm)
PREGNANT	Maternal antenatal infection		Ceftriaxone 2g IV OD plus Metronidazole 500mg IV TDS	Clindamycin 600mg IV QDS plus Gentamicin 2mg/kg IV STAT + 1.5mg/kg IV TDS (Take trough levels immediately before the 3rd or 4th dose. Aim for trough level < 2mg/L)
	Maternal antenatal sepsis		Ceftriaxone 2g IV OD plus Metronidazole 500mg IV TDS plus Gentamicin 2mg/kg IV STAT + 1.5mg/kg IV TDS (Take trough levels immediately before the 3rd or 4th dose. Aim for trough level < 2mg/L)	Clindamycin 600mg IV QDS plus Gentamicin 2mg/kg IV STAT + 1.5mg/kg IV TDS (Take trough levels immediately before the 3rd or 4th dose. Aim for trough level < 2mg/L)
POST DELIVERY	Postpartum infection	Co-amoxiclav 1.2g IV TDS	Ceftriaxone 2g IV OD plus Metronidazole 500mg IV TDS	Clindamycin 600mg IV QDS plus Gentamicin 7mg/kg IV OD (Take a single blood sample 6 to 14 hours after the first dose. Refer to the Hartford Nomogram)
	Postpartum sepsis	Co-amoxiclav 1.2g IV TDS plus Gentamicin 7mg/kg IV OD (Take a single blood sample 6 to 14 hours after the first dose. Refer to the Hartford Nomogram)	Ceftriaxone 2g IV OD plus Metronidazole 500mg IV TDS plus Gentamicin 7mg/kg IV OD (Take a single blood sample 6 to 14 hours after the first dose. Refer to the Hartford Nomogram)	Clindamycin 600mg IV QDS plus Gentamicin 7mg/kg IV OD (Take a single blood sample 6 to 14 hours after the first dose. Refer to the Hartford Nomogram)

All antimicrobial prescription should be for 24 hours only and then reviewed.
Patient should be discussed with Microbiology team within daylight hours as soon as possible.

WHAT IS qSOFA? WHAT IS SEPSIS?

Sepsis is defined as life-threatening organ dysfunction caused by a dysregulated host response to infection. qSOFA stands for “**Quick Sepsis-related Organ Failure Assessment**”. qSOFA is an easy to use bedside scoring system to help identify sepsis. It has replaced SIRS in defining sepsis.