**Irish Maternity Early Warning System (IMEWS) Escalation Guideline**

**1. ALL IMEWS TRIGGERS**
Consider context and complete full clinical assessment. Implement measures to reduce triggers if appropriate. Complete a full set of observations on IMEWS immediately. Inform the Midwife in charge.

**2. 1 YELLOW**
Repeat full set of observations on IMEWS after 30 and before 60 minutes.

**3. 2 YELLOWS OR 1 PINK**
Call the obstetrician to review. Repeat a full set of observations after 30 minutes.

**4. >2 YELLOWS OR ≥2 PINKS**
Call the obstetrician and request immediate review. Repeat a full set of observations within 15 minutes or monitor continuously.

**ALL IMEWS TRIGGERS**
Liaise with the Midwife in charge
Document all communication including:
- Redefined plan of care
- Ongoing frequency of observations

**IMPORTANT:**
1. If concerned about a woman, escalate care regardless of triggers.
2. If action is not carried out as above, CMM/Midwife in charge must contact the senior obstetrician on duty.
3. Document all communication and management plans in notes.

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**CONSIDER MATERNAL SEPSIS**

<table>
<thead>
<tr>
<th>Are 2 or more of the following SIRS criteria present?</th>
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<tbody>
<tr>
<td>- Temperature ≥38°C or &lt;36°C</td>
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<tr>
<td>- Respiratory rate ≥20 breaths per min</td>
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<tr>
<td>- Heart rate ≥100 beats per min</td>
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<tr>
<td>- White cell count &gt;16.9 or &lt;4.0 x 10^9/L</td>
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<tr>
<td>- Bedside glucose &gt;7.7 mmol/L (in the absence of diabetes)</td>
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<tr>
<td>- Acutely altered mental status</td>
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**AND**

If infection is suspected after medical review

**Intervention: within one hour COMPLETE SEPSIS SIX**

**TAKE 3**
1. Appropriate cultures*
2. FBC +/- lactate
3. Start urine output chart
4. Maintain O₂ (94-98%)
5. Consider IV fluid bolus**
6. IV antibiotics

**GIVE 3**

* e.g. blood, wound, vaginal swab, urine etc
**exercise caution in presence of pre-eclampsia
### IMEWS Triggers Key

<table>
<thead>
<tr>
<th>IMEWS Trigger</th>
<th>Normal values</th>
<th>Yellow Zone</th>
<th>Pink Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory rate (bpm)</td>
<td>11-19</td>
<td>20-24</td>
<td>≤10 or ≥25</td>
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<tr>
<td>SpO₂ (%)</td>
<td>96-100</td>
<td>-</td>
<td>&lt;95</td>
</tr>
<tr>
<td>Temperature (°C)</td>
<td>36.0-37.4</td>
<td>35.1-35.9 or 37.5-37.9</td>
<td>≤35 or ≥38</td>
</tr>
<tr>
<td>Maternal HR (BPM)</td>
<td>60-99</td>
<td>50-59 or 100-119</td>
<td>&lt;50 or ≥120</td>
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<tr>
<td>Systolic BP (mmHg)</td>
<td>100-139</td>
<td>90-99 or 140-159</td>
<td>&lt;90 or ≥160</td>
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<tr>
<td>Diastolic BP (mmHg)</td>
<td>50-89</td>
<td>40-49 or 90-99</td>
<td>&lt;40 or ≥100</td>
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<tr>
<td>AVPU</td>
<td>Alert</td>
<td>-</td>
<td>Voice, Pain or Unresponsive</td>
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**Contact appropriate doctor for early intervention if the woman triggers one **PINK** or two **YELLOW** zones at any one time**

<table>
<thead>
<tr>
<th>Year:</th>
<th>Date:</th>
<th>Time:</th>
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<tbody>
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<td>≥25</td>
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<td>20-24</td>
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<td>≤95%</td>
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<td>≤35.0</td>
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### Pain Score 0-10

<table>
<thead>
<tr>
<th>AVPU Score Response</th>
<th>Pain Score</th>
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<tbody>
<tr>
<td>Alert (A)</td>
<td>A</td>
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<tr>
<td>Voice (V)</td>
<td>V</td>
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<tr>
<td>Pain (P)</td>
<td>P</td>
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<tr>
<td>Unresponsive (U)</td>
<td>U</td>
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</tbody>
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### Initials

**Total Yellow Zones**

**Total Pink Zones**

**Initials**