Maternity Sepsis Algorithm
(Exercising Clinical Judgment)

RECOGNISE SEPSIS · ENHANCE SURVIVAL

Screening and Medical Review – 1 hour

Sepsis Screen
Likely infection
Check for 1, 2, 3 or 4

1 IMEWS trigger for immediate review, i.e. **>2 YELLOWS** or **>1 PINK**

2 SIRS Response, i.e. ≥2 modified SIRS criteria

3 At risk of neutropenia, e.g. on chemotherapy/radiotherapy

4 Clinical evidence of **new onset** organ dysfunction

Actions
Screen Positive

1. Request immediate medical review
2. Place sepsis form with documentation. Sepsis form can be found in the ad-hoc tab in (MN-CMS)

Actions
Screen Negative

1. Follow usual management pathway
2. Usual IMEWS escalation protocol

Medical Review
History & examinations supports infection as likely cause of presentation
This is Time Zero

By 1 hour

Start Sepsis 6+1 Bundle
Ad-hoc in (MN-CMS)

Assess fetal well-being
Give antimicrobials as per local antimicrobial guideline
Assess for source control

Hypotension: SBP < 90mmHg or > 40mmHg drop from baseline or MAP < 65mmHg **or** **Hypoperfusion:** Tachycardia Vasoconstriction Oligouria Lactate ≥ 2mmol/L

Refer to fluid resuscitation algorithm for adults with sepsis

Urgent Anaesthetic/ Critical Care review for: Fluid resistant Shock, Respiratory failure, Purpuric rash or any other organ dysfunction. Inform Consultant Obstetrician

By 3 hours

Assess patient's clinical status

Review blood tests and other investigations. Repeat lactate if 1st abnormal. Continue fluid resuscitation as indicated

Review differential diagnosis. Ensure early senior involvement

Escalate for source control or Critical Care as indicated

Infection and organ dysfunction – **This is SEPSIS** On pressors – **This is SEPTIC SHOCK**

Infection no organ dysfunction **This is INFECTION** Usual treatment pathway

Aetiology unclear + Organ dysfunction Continue IV antimicrobials until senior review

Non-infective aetiology **STOP antimicrobials**

Complete and sign the Sepsis Form

Daily Review

Assess clinical, haematological and biochemical response to treatment

Follow local antimicrobial guideline

Improving Follow "Start Smart then Focus" policy

No change Review diagnosis and treatment, check for source control. Ensure senior involvement

Deteriorating Urgent senior input. Review diagnosis and treatment. Consider microbiology review. Anaesthetic/Critical Care review.