SEPSIS 6 ASSESSMENT AND TREATMENT TOOL - Maternity
FOR SUSPECTED SEPSIS AND HIGH MEOWS PATIENTS

To be used if for any patient with MEOWS ≥1 Red or 2 Yellow to assess possible sepsis or for any patient with suspected infection.

**Assessment and Treatment Tool**

**Date:**

**Patient name:**

**Assessor name:**

**Grade (e.g., FY1, ST2):**

**CHI:**

**MEOWS ≥1 Red or 2 Yellow to assess possible sepsis or OR Suspected Infection:**

**THINK INFECTION:** Is this likely to be infection?

- Cough/sputum/SOB
- Abdominal pain/distension/diarrhoea
- Uterine tenderness

- Dysuria/frequency/loin pain
- Headache/neck stiffness/CNS
- Sore throat/Rash
- Abdominal pain/distension/diarrhoea
- Uterine tenderness

- Offensive Liquor/Lochia
- Cellulitis/wound/joint swelling

- Respiratory Rate >20
- Altered Mental state
- Temp <36 or >38
- Unexplained Coagulopathy
- Heart rate >100
- White cell <5 or >16

**THINK SEPSIS RESPONSE:** Is there a Systemic Inflammatory Response (SIRS)?

- Respiratory Rate >20
- Altered Mental state
- Temp <36 or >38
- Unexplained Coagulopathy
- Heart rate >100
- White cell <5 or >16

**Sepsis Response (SIRS ≥2) and infection likely **THIS IS SEPSIS**

**SEPSIS 6 BUNDLE DELIVERED IN 1 HOUR:**

1. **OXYGEN** Target sats 94-98%
2. **FLUID RESUSCITATION** 2x large bore cannulae, prescribe opposite
3. **BLOOD CULTURE** x2 & other cultures, eg, urine, HVS, throat, wound
4. **STAT I.V. ANTIBIOTICS** Minimise delay Augmentin & Metronidazole, clindamycin & gentamicin if pen allergy, Clindamycin if GAS suspected
5. **LACTATE** FBC, CRP, U&Es, LFTs, Gluc
6. **MONITOR URINE OUTPUT** Record opposite: catheterise if ≤60ml at 2 hours or for SEVERE SEPSIS

**RECORD SEPSIS GOALS: THE FIRST 6 HOURS**

**HOURLY GOAL ASSESSMENT BY NURSING AND/OR MEDICAL STAFF**

<table>
<thead>
<tr>
<th>HOUR</th>
<th>Time (hour)</th>
<th>Target BP?</th>
<th>MAP ≥45 and Systolic ≥80</th>
<th>Target Sat ≥90%</th>
<th>Target Sat &lt;90%</th>
<th>Lactate &lt;3mmol/l</th>
<th>CVP 0-12 if applicable</th>
<th>Comments/Actions</th>
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Any organ dysfunction...

**THIS IS SEVERE SEPSIS**

**SEVERE SEPSIS has a high mortality:**

Consultant Obstetric & Anaesthetic review, Senior microbiology discussion

Obstetric HDU chart, catheterise, high flow oxygen, review & control infection sources.

Fluid resuscitation & monitor response targets at least hourly for the first 6 hours.

**If BP & urine goals not met despite adequate fluid resuscitation insert arterial line and consider CVP.**

Consider ITU referral early if appropriate and not reaching goals.

**First 6 Hour Fluid Resuscitation and Monitoring:**

Unless there is clinical overload, give initial bolus of 500ml then review.

If Severe Sepsis give up to 40ml/kg during initial resuscitation with review of BP, HR, urine and clinical progress.

If clinically PET at outset give boluses of 250ml with clinical review and consider CVP.