

HEALTH SERVICE NAME		Medical Record No:.....	
MATERNAL SEPSIS PATHWAY		Surname:	
		Forename:	
		Gender: D.O.B.	
Use for all pregnant patients and up to 6 weeks post-pregnancy with suspected or confirmed sepsis. Clinical pathways / guidelines do not replace the need for expert clinical judgement.			
SEPSIS is infection with organ dysfunction and is a MEDICAL EMERGENCY			
Could this be sepsis? Tick all that apply, if sepsis is suspected, perform full set of observations and a lactate (when possible) then follow the Maternal Sepsis Pathway			
Tick all signs and symptoms of infection that apply. If ≥ 1 infection sign or symptom PLUS vital sign outside normal limits commence pathway			
<input type="checkbox"/> Fevers / rigors		<input type="checkbox"/> Swelling / pain / redness (IVC / epidural / perineal or other wound / breast)	
<input type="checkbox"/> Myalgia / general malaise / headache		<input type="checkbox"/> Vomiting / diarrhoea / abdominal pain	
<input type="checkbox"/> Dysuria / oliguria / urinary frequency		<input type="checkbox"/> Offensive PV discharge	
<input type="checkbox"/> Cough / sputum / breathless / sore throat		<input type="checkbox"/> Confusion / altered Consciousness	
<input type="checkbox"/> Abnormal fetal HR / CTG			
High-risk patients - consider requesting Senior Clinician Review in the following groups			
<input type="checkbox"/> Identifies as Aboriginal		<input type="checkbox"/> Indwelling devices (current / recent) (IVC / IDC / epidural / Bakri / central line)	
<input type="checkbox"/> Culturally and Linguistically Diverse		<input type="checkbox"/> Comorbidities (diabetes / obesity / chronic illness / immunocompromised)	
<input type="checkbox"/> Family / patient / clinician concern		<input type="checkbox"/> Risk of intrauterine infection (PROM / cerclage / prolonged labour / retained products / FDIU)	
<input type="checkbox"/> Known or suspected infection source (Group A or B Strep +ve / unwell household)		<input type="checkbox"/> Recent instrumental delivery or invasive procedure (C Section / D&C / amniocentesis / CVS)	
<input type="checkbox"/> Re-presentation within 48hours			
Suspected infection PLUS			
ANY observation that triggers insert site specific escalation OR any of the following:		ANY observation that triggers MET review / Code blue OR the following:	
<input type="checkbox"/> Lactate ≥ 2mmol/L		<input type="checkbox"/> Lactate ≥ 4 mmol/L	
<input type="checkbox"/> Abnormal fetal HR/CTG			
<input type="checkbox"/> Family or clinician concern continuing / increasing			
<input type="checkbox"/> OR does the patient look unwell?			
<input type="checkbox"/> Request Medical Review or (Insert applicable clinician here) within 15 minutes <ul style="list-style-type: none">• State "Sepsis review required within 15 mins"		<input type="checkbox"/> Request Medical Review within 5 minutes – unless MET activated	
<input type="checkbox"/> Treating clinician to notify Senior Doctor / Consultant / Midwife / Nurse responsible for the patient		ED: (Insert applicable clinician here)	
		Ward: (Insert process or clinician here e.g. MET review)	
		• State "Sepsis review required within 5 mins"	
		<input type="checkbox"/> No response within 5 minutes or clinically indicated call a MET Call / Other	
		<input type="checkbox"/> Treating clinician to notify Senior Doctor / Consultant / Midwife / Nurse responsible for the patient	
Outcome of Medical Review			
<input type="checkbox"/> NO - Unlikely sepsis Cease pathway – sign below Patient unlikely to have sepsis now. Consider differential diagnosis. Reevaluate & escalate as indicated		<input type="checkbox"/> YES - SUSPECTED SEPSIS WITHOUT SHOCK	
		<input type="checkbox"/> YES - SUSPECTED SEPSIS WITH SHOCK	
		Consider moving to RESUS as appropriate	
		Escalate to Consultant	
		Call Obstetric staff	
<input type="checkbox"/> Patient and carers directed to appropriate consumer resources		Urgently commence resuscitation and sepsis management as per page 2	
Date: _____ Time of Review: _____ Signed: _____ Name and Designation: _____			
Hospital pathway initiated: _____ Hospital pathway completed / ceased: _____			

INSERT BARCODE

RECOGNISE

ESCALATE

MRXXX MATERNAL SEPSIS PATHWAY

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Notify: <input type="checkbox"/> (Senior) Medical / Obstetric staff <input type="checkbox"/> Nursing / Midwifery team leader. Complete actions 1-4 within 60 minutes.		Local sepsis guideline Site sepsis guideline QR code													
RESUSCITATE	1. Commence monitoring • Monitor for evidence of new confusion or altered mental state	<input type="checkbox"/> RR <input type="checkbox"/> Temp <input type="checkbox"/> SpO2 <input type="checkbox"/> HR <input type="checkbox"/> BP <input type="checkbox"/> Monitor for reduced urine output <input type="checkbox"/> Supplemental oxygen: Assess and administer oxygen as required - aim SpO2 ≥ 95%													
	2. Obtain IV access and collect pathology • Do not delay antibiotics or fluids for pathology collection • Ensure large bore IV or IO access • Expert assistance: after 2 failed cannulation attempts • Collect VBG or point of care test if available • Collect microbiological samples based on suspected source (urine, vaginal / lochia, breast, stool, wound, lesion, placental and respiratory / throat)	<input type="checkbox"/> Vascular access <input type="checkbox"/> Lactate <input type="checkbox"/> Blood cultures x 2 <input type="checkbox"/> FBC, EUC, LFTs, BGL, coagulation screen, CRP, (VBG if available) <input type="checkbox"/> Other cultures / investigations e.g. X-ray, ultrasound													
	3. Give antibiotics within 1 hour • Identify the likely source of infection • Prescribe antibiotics according to local guidelines or Australian Therapeutic Guidelines • Discuss with Infectious Diseases Physician or Microbiologist	<input type="checkbox"/> Antibiotics administration commenced Date: _____ Time: _____ Initials: _____ <input type="checkbox"/> Antibiotic guideline QR code <input type="checkbox"/> Local guideline / Australian Therapeutic Guidelines													
	4. Commence fluid resuscitation • 500-1000mL Compound sodium lactate (Hartmann's) solution or sodium chloride 0.9% • Aim SBP >90mmHg • If SBP < 90mmHg following fluid bolus escalate urgently, consider vasopressors and transfer of care	<input type="checkbox"/> Fluids: initial bolus 500-1000mL unless contraindicated <input type="checkbox"/> If considering vasopressors, consult with a critical care medical team and consider transfer to an acute care area													
REASSESS & REFER	5. Reassess • Other sources of infection to consider e.g. indwelling device (e.g. IDC, central lines), breast, other wounds. • Consider birth or evacuation of retained products of conception • Consider cultural needs	<input type="checkbox"/> Consider repeat lactate within 2 hours <input type="checkbox"/> Examine for other sources of infection <input type="checkbox"/> Continue to assess fetal / baby wellbeing (unless there has been a perinatal loss) <input type="checkbox"/> Ensure sepsis diagnosis and management plan is documented in health record <input type="checkbox"/> Discuss plan with patient and family													
	6. Refer • Consider critical care, retrieval, or surgical service	<input type="checkbox"/> Surgical referral if surgical source control indicated <input type="checkbox"/> Escalate via local escalation processes for intra / inter hospital transfer as per local policy													
	Ongoing vital signs and fluid balance as per patient condition, frequency directed by local observation chart and management plan. Actively seek microbiology and investigation results; review treatment plan and antimicrobial regimen within 24-48hours. Escalate as per local policy if any signs of deterioration.														
<table border="0"> <tr> <td>BGL: Blood glucose level</td> <td>IDC: Indwelling catheter</td> </tr> <tr> <td>C-section: Caesarean section</td> <td>IO: Intraosseous</td> </tr> <tr> <td>CTG: Cardiotocography</td> <td>IVC: Intravenous catheter</td> </tr> <tr> <td>CVS: Chorionic villus sampling</td> <td>PV: Per Vagina</td> </tr> <tr> <td>D&C: Dilation and curettage</td> <td>PROM: Premature rupture of membranes</td> </tr> <tr> <td>FDIU: Fetal death in utero</td> <td>Strep: Streptococcus</td> </tr> </table>				BGL: Blood glucose level	IDC: Indwelling catheter	C-section: Caesarean section	IO: Intraosseous	CTG: Cardiotocography	IVC: Intravenous catheter	CVS: Chorionic villus sampling	PV: Per Vagina	D&C: Dilation and curettage	PROM: Premature rupture of membranes	FDIU: Fetal death in utero	Strep: Streptococcus
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