

# OBSTETRIC SERIOUS INFECTION EVALUATION

## Bedside Evaluation

Date/time Requested: \_\_\_\_\_  
 Date/Time Provider at Bedside: \_\_\_\_\_



## Evaluation Outcome

- Do not proceed to action: workup. Continue to monitor
  - Enter note with .OBRNinfectioneval, use F2
- Proceed to action workup:
  - dial x53131, state Code Sepsis, follow steps below

### ACTION: WORKUP

#### Specimens:

- Call Venipuncture to expedite STAT draw:** HHNB x45624; HHI x73111
- Labs: CBC w/Diff (if none in prev 12hr), CMP, aPTT/PT/INR, lactate\* (tubes: **waste**, blue, lt green, lavender, gray)  
*\*Do not draw lactate in 2<sup>nd</sup> stage of labor or within 1hr following delivery*
- Blood Cultures:
  - Antepartum: draw STAT
  - Laboring through post-delivery < 1hr: draw only if organ dysfunction present (see below)
  - Postpartum > 1hr: draw STAT
- Urinalysis reflex micro, and/or culture: collect STAT

#### Antibiotics – start within 30min of order time (don't delay antibiotics for blood cultures)

Good practice: cultures should be *collected in Epic* before scanning antibiotics

- Antibiotic #1 \_\_\_\_\_ Start Time: \_\_\_\_\_
- Antibiotic #2 \_\_\_\_\_ Start Time: \_\_\_\_\_

#### Fluid Bolus\* – start within 60min of order time

- 1L LR **bolus** over 60min (bolus = 999ml/hr) Start Time: \_\_\_\_\_
- \*Any previous **bolus** given w/in 6hr “counts” toward this 1L (ex: 250ml, 500ml bolus for decel)*

### SEPSIS EVALUATION – ACUTE ORGAN DYSFUNCTION CRITERIA

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> SBP < 85   | <input type="checkbox"/> Bilirubin > 2.0              | <input type="checkbox"/> INR > 1.5        |
| <input type="checkbox"/> MAP < 65   | <input type="checkbox"/> Creatinine > 1.1, or doubled | <input type="checkbox"/> aPTT > 60sec     |
| <input type="checkbox"/> SpO2 < 92% | <input type="checkbox"/> UOP < 120ml/4hrs             | <input type="checkbox"/> Platelets < 100K |
| <input type="checkbox"/> ALOC       |   |   |

### SEPSIS EVALUATION: ≥1 ACUTE ORGAN DYSFUNCTION PRESENT?

**Yes**



#### Sepsis CONFIRMED – Treat Sepsis

- Continue antibiotics
- Give 30 mL/kg (IBW) bolus\*  
 Total ml: \_\_\_\_\_ Start: \_\_\_\_\_ Stop \_\_\_\_\_  
*\*Any previous **bolus** given w/in 6hr “counts” toward this 30ml/kg bolus*
- Blood cultures x2 (if not already collected)
- Lactate: Repeat 4hr from initial lactate draw  
 Due @ \_\_\_\_\_; repeat lactate\* = \_\_\_\_\_  
*\*Notify Sepsis RN & OB Hospitalist if abnormal*
- Document:** open Plan of Care note; type .OBRNinfectioneval, use F2 to complete note

**No**



#### Sepsis Ruled Out – Continue to Monitor

- Confirm continue/discontinue antibiotics w/ ordering MD/CNM. General guidelines:
  - Antepartum: continue per orders
  - Laboring:
    - Vaginal– stop after delivery
    - C/S–1 dose post-delivery, then stop
  - Postpartum: continue per orders
- VS q30min until WNL
- Lactate: Repeat 4hrs from initial lactate draw  
 Due @ \_\_\_\_\_; repeat lactate\* = \_\_\_\_\_  
*\*Notify Sepsis RN & OB Hospitalist if abnormal*
- Document:** open Plan of Care note, type .OBRNinfectioneval, use F2 to complete note

**Maintain SBP ≥ 85 AND MAP ≥ 65; if not meeting goals, notify Sepsis/RRT RN STAT**

(HHNB Sepsis RN # 949-929-3100 / HHI RRT RN # 949-689-0552)

PS 2736

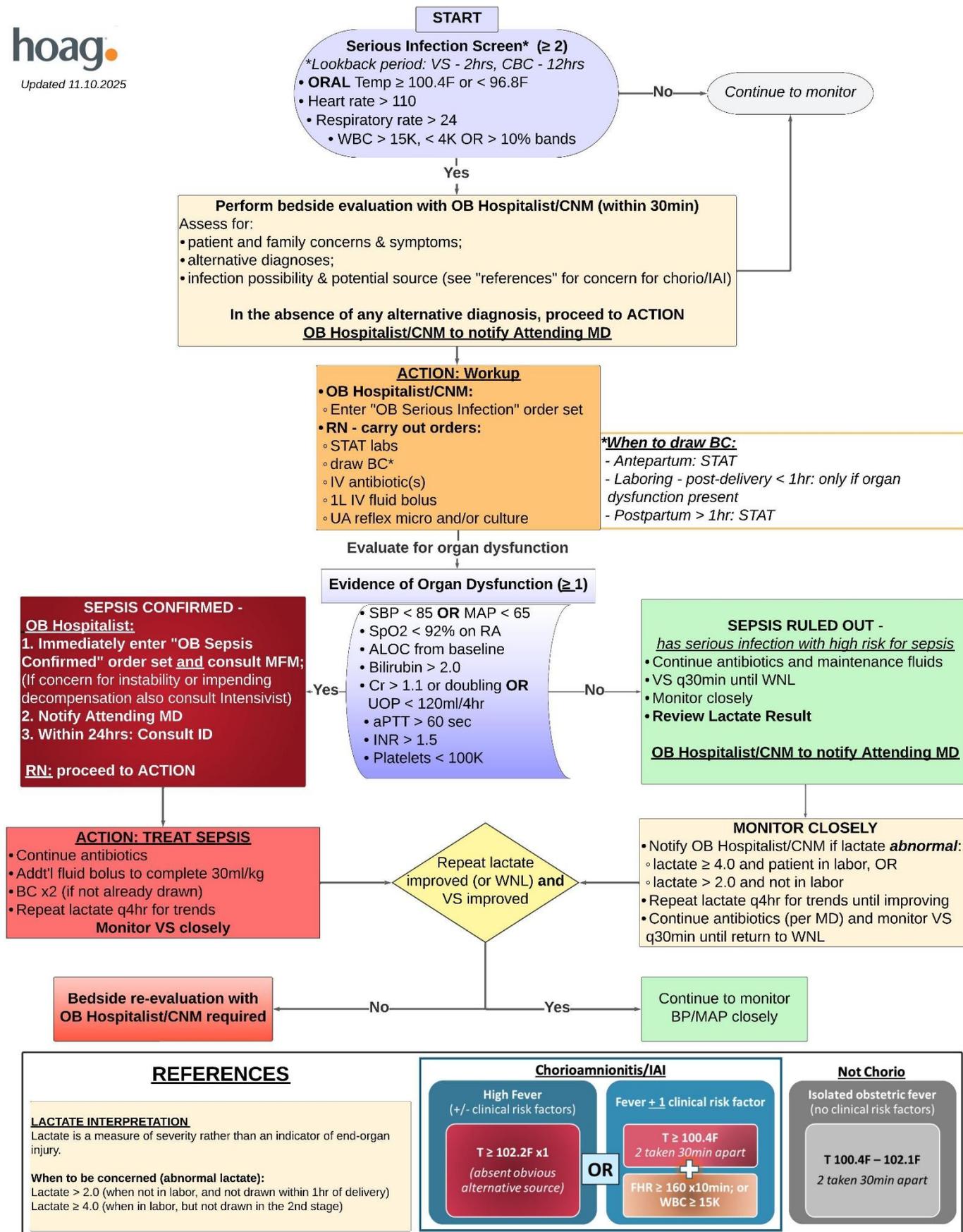
REV 11/20/25

NOT PART OF THE PERMANENT MEDICAL RECORD

\*\*RETURN COMPLETED FORM TO  
7E/LDRP EDUCATOR MAILBOX\*\*

PATIENT LABEL

# Obstetric Serious Infection Evaluation Flowchart



## REFERENCES

### LACTATE INTERPRETATION

Lactate is a measure of severity rather than an indicator of end-organ injury.

#### When to be concerned (abnormal lactate):

Lactate > 2.0 (when not in labor, and not drawn within 1hr of delivery)  
Lactate ≥ 4.0 (when in labor, but not drawn in the 2nd stage)

### Chorioamnionitis/IAI

High Fever  
(+/- clinical risk factors)

T ≥ 102.2F x1  
(absent obvious alternative source)

Fever ± 1 clinical risk factor

T ≥ 100.4F  
2 taken 30min apart  
+  
FHR ≥ 160 x10min; or  
WBC ≥ 15K

OR

### Not Chorio

Isolated obstetric fever  
(no clinical risk factors)

T 100.4F – 102.1F  
2 taken 30min apart