

# MATERNAL SEPSIS PROTOCOLS

## 1 SCREEN

If  $\geq 2$  SIRS & Suspected Infection  $\rightarrow$  Do further evaluation & notify ANM & Provider

Temp	HR	RR	WBC	Bands
$\geq 100.4$ or $\leq 96.8$	$> 110$ (for 15 min)	$> 24$	$> 15k$ or $< 4k$	$> 10\%$

\* Last CBC  $> 24$  hrs?  $\rightarrow$  send repeat CBC  $\rightarrow$  consider adding other sepsis evaluation labs.

## 2 EVALUATE for serious infection/sepsis

- Interventions**
  - Bedside Evaluation
  - 1-liter LR bolus over 60 min. or per orders
  - Suspected Infection  $\rightarrow$  start antibiotics per orders
- Monitor**
  - O2: continuous  Assess mental status
  - VS (& temp): q30 min  Urinary Output: q2 hrs
- Labs** (Call x7227- request "stat sepsis" labs)
  - CBC w/diff  Lactic acid:
  - Chem 7  - **NO DRAW** from 2<sup>nd</sup> stage to 1hr PP
  - Bili Total  - **DRAW** after 1hr+ PP

## 3 DIAGNOSE

If  $\geq 1$  Organ Dysfunction  $\rightarrow$  may dx sepsis

Bili	$> 2$ mg/dl
Creat	$\geq 1.2$ mg/dL
Oliguria	$< 60$ ml/2hrs
HoTN	$< 85$ mmHg or down 40 mmHg from base or MAP $< 65$ mmHg
Hypoxia	Ventilation (ex: CPAP, biPAP)
CNS	Toxic, agitated, confused or unresponsive
Coags	Plts $< 100,000$ or INR $> 1.5$ or aPTT $> 60$ sec

### Sepsis Severity Level

Lactic Acid	- <b>NO labor:</b> $> 2$ mmol/L - <b>Labor:</b> $> 4$ mmol/L* (not during 2 <sup>nd</sup> stage to 1hr PP)
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\* Elevated only w/o organ dysfunction - repeat lactate q3-4 hrs until improving



Last edited 03/24/26

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## SEPSIS SURVEILLANCE GUIDELINES

	Prior to Delivery	PP 0-2 hrs	NOT stable	PP $> 2$ hr & stable
VS	q30 min	q30 min x4	q30 min	q2 hr x 4
Temp	q1 hr	q1 hr	q1 hr	q2 hr x 4 then q4
O2	cont.	cont.	cont.	q2 hr x 4 then q4
LOC	Q 2 hrs unless altered			

**Transfer to LOWER level of care ("Sepsis Stable"):**

- BP consistently  $> 90/50$
- LOC no changes
- Lab values improving
- MAP  $> 65$  X 2 hrs
- HR  $< 110$
- Lactate  $< 4$  and not rising
- Temp  $< 100.4$  and  $> 96.8$
- UO  $> 120$  ml / 4 hr
- O2  $> 92\%$  RA

**Transfer to HIGHER level of care (ICU):**

- SBP consistently  $< 85$
- O2  $< 92\%$  RA
- LOC: confused
- Need for vasopressors
- combative, disoriented

## 4 TREATMENT

- FLUIDS:** Target = 30ml/kg fluid bolus\* (subtract any boluses in last 6 hrs); Rate of 1L/30 min. - or per orders. Caution with patients at risk for fluid overload, ie with patients at BMI  $> 30$
- ANTIBIOTICS:** Source directed antibiotics, if not already done or broad spectrum if source unknown
- LABS:**
  - PT/INR/PTT (Coags)
  - Blood cultures x2
  - Lactate q2 hrs until  $< 2$  mmol/L
  - UA and urine culture,
  - Possible chest X Ray?
- MONITOR:**
  - Monitor u/o q1 hr
  - See "Sepsis Surveillance Guidelines"
- CONSULTS:** Consider consult with MFM or HBS or RRT- Help with POC, bouts or HBS or RRT- Help with POC, bouts
- resuscitation consultation, antibiotic choice per suspected source, decision to transfer.