

Abnormal VS?

Serious Infection Criteria:

- Oral temp $<36^{\circ}\text{C}$ (96.8°F) or $\geq 38^{\circ}\text{C}$ (100.4°F) (w/in 2hrs of other abnormal values)
- HR >110 bpm (sustained x15-20 min)
- RR >24 breaths/min (sustained x15-20 min)
- WBCs $>15,000/\text{mm}^3$ or $<4,000/\text{mm}^3$ or $>10\%$ bands (value within the last 24 hours)

Perform FULL set of VS
Review WBCs w/in last 24 hrs
If WBC >24 hrs- repeat

Temp is the only abnormal VS and PT in labor or 12 hrs post delivery

Notify MD and initiate MEWT chorio order set

Are any 2 of 4 serious infection criteria abnormal?

No

Continue to monitor VS Q30 min until WNL X2 or serious infection criteria met

Serious Crit. met

Perform RN Bedside assessment w/in 30 min:
Does pt appear ill? Is pt/fam concerned? Is there an alternate dx (concealed PPH or PreE w/pulm. Edema)?
REQUEST MD TO BS FOR ASSESSMENT CONCERNS

In labor or <12 from del

Not in labor or >12 hr post del

Notify MD, obtain orders- MEWT Chorio OS select "serious infection/ eval for EOI"

Notify MD, request to bedside-Utilize MEWT mat. infection OS-Select "serious infection/ Eval for EOI"

Start 1-hr bundle

Source-directed abx, IV fluids
EOI labs (CBC, CMP, Lactate)
Review EOI clinical criteria
Monitor FULL set VS q30

EOI crit NEG

EOI crit POS (≥ 1)

DX: serious infection

DX: Sepsis

Continue Abx, IVF, VS q30 min until WNL x2
Repeat bedside eval if VS worsen
If lactate abnormal, q2hr for trends

Notify MD
Ensure source-directed abx started
Blood cultures & PT/PTT
Lactate q2hr for trends

Requires ≥ 1 for End Organ Injury (EOI)

- Hypotension: SBP <85 or MAP <65 or SBP decrease >40
- Hypoxia: Mechanical or non-invasive ventilation (ie CPAP, BiPAP)
- Oliguria: $<60\text{ml}/2$ hours
- CNS: Appears toxic, confused, agitated, unresponsive
- Bilirubin: $>2\text{mg}/\text{dL}$
- Creatinine: $\geq 1.2\text{mg}/\text{dL}$
- Coags: Plts $<100,000$ or INR >1.5 , or aPTT >60 sec