

## Abnormal VS?

### serious infection criteria:

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

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

Continue to monitor VS Q30 min until WNL x2 or serious infection criteria 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

lin labor or <12 from del

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

Not in labor or >12hr post del

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

### 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: <60ml/2 hours
- CNS: Appears toxic, confused, agitated, unresponsive
- Bilirubin: >2mg/dL
- Creatinine: ≥1.2 mg/dL
- Coags: Plts <100,000 or INR >1.5, or aPTT >60 sec

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