**CMQCC Obstetric Serious Infection / Sepsis Evaluation Flow Chart**

**Vital Signs/WBC Screening**

**Step 1: Initial Screen for Serious Infection**
- Oral temp <36°C (96.8°F) or ≥38°C (100.4°F)
- Heart rate >110 bpm
- Respiratory rate >24 breaths per min
- WBCs >15,000/mm³ or <4,000/mm³ or >10% bands

Suspected Serious Infection if any 2 of 4 criteria met
Perform Bedside Sepsis Evaluation within 30 min (by RN, CNM, or MD)
(if <2 criteria continue to monitor)

**Step 2: Bedside Sepsis Evaluation**
Assess for:
- Patient and family concerns/symptoms
- Alternative diagnoses (e.g. hemorrhage, preeclampsia)
- Infection possibility and potential source

In the absence of any alternative diagnosis, proceed to Action

**Action:**
- Start source-directed antibiotics within 1 hour
- Give 1-2L of IV fluids over 1-2hrs
- Increase VS monitoring Q30mi
- Evaluate for End Organ Injury (EOI) with Clinical criteria and Basic Labs (CBC, Comprehensive Metabolic Panel, Lactate). See side panel for criteria
- As appropriate, send studies to identify source of infection

Screen-positive Infection but NEGATIVE for all EOI Criteria defines SERIOUS INFECTION

**Action:**
This group remains at high risk for sepsis. Continue antibiotics and maintenance fluids, VS Q30min until normal, bedside reevaluation if VS worsen.

**Concerning Maternal Signs/Symptoms**

**Criteria for End Organ Injury (EOI) in Pregnancy**
(only one needed to dx Sepsis)

**Clinical Criteria for EOI:**
- CNS: Appears: Toxic, Confused, Agitated, Unresponsive
- Hypoxia: O2 requirement, O2Sat<92%
- Oliguria: <60ml/2hrs

**Laboratory criteria for EOI:**
- Platelets: <100 x 10⁹/L
- Bilirubin: >2mg/dL
- Creatinine: ≥ 1.2 mg/dL or doubling of creatinine

**Lactic Acid** (a measure of severity of infection rather than a true EOI):
>2mmol/L (no labor); >4mmol/L (in labor, but DO NOT collect in the 2nd stage or within 1hr of delivery)

**SEPTIC SHOCK:**
Definition: Vasopressor requirement to maintain MAP >65 mm Hg (despite adequate fluid load) AND a Lactate >2 in setting of infection

**Action:**
- Broad spectrum antibiotics, increase fluids to 30ml/kg (ideal BWt) within 3hrs, coags, blood cultures, escalation of care (e.g. Sepsis in Obstetrics Score), and repeat lactate Q2hrs for trends.

**Action:**
Recommend ICU admission, treatments as above for Sepsis.

*This is often the pathway for outpatient care. Example tools: Urgent Maternal Warning Signs®, POST-BIRTH Warning Signs®
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