

Sepsis-3 Maternity Sepsis Management Algorithm



Infection concern? (Check signs & symptoms & risk factors)

YES – Screen for sepsis risk, i.e. the presence of 1, 2 or 3

1

IMEWS trigger for immediate review **> 2 YELLOWS**
Or **≥ 2 PINKS**

2

Clinical evidence of **new onset** organ dysfunction
(see Sepsis Form Section 7)

3

SIRS response
i.e. 2 modified SIRS criteria
(see Sepsis Form Section 4)

4

At risk of neutropenia
e.g. anti-cancer treatment

Positive – If sepsis suspected following screening -
escalate to medical review. Use ISBAR as outlined & start sepsis maternity form

Negative -
Usual management

1hr from
Time Zero

2hrs

Medical examination supports infection diagnosis.

Complete the Sepsis Six 1-hour bundle
if infection is clinically suspected and
sepsis screen is positive 1, 2 or 3.

TAKE 3

- Blood cultures
- Blood tests
- Urine output

GIVE 3

- Oxygen
 - IV fluids
 - Antimicrobials
- Use local antimicrobial guideline
If required

By 3 hours from
Time Zero

3hrs

3hr bundle - Review blood tests and other investigations

- Assess response to 'Sepsis 6' bundle.
- Repeat Lactate if 1st abnormal
- Review blood test and other investigation and confirm or out rule sepsis diagnosis
- Continue fluid resuscitation as required to restore tissue perfusion
- Escalate care if sepsis diagnosed
- Assess fetal well being if pregnant

Deterioration Actions

- Seek urgent senior input including anaesthesia/critical care
- Review diagnosis & treatment
- Consider source control

By 6 hours from
Time Zero

6hrs

6hr bundle – Review woman

- For the haemodynamically unstable or deteriorating woman
- Critical care/anaesthesia consult
- Have started pressors for fluid resistant shock
- Document septic shock if pressors required
- Assess fetal wellbeing if pregnant

Deterioration Actions

- Review diagnosis, treatment and need for source control with senior input and results of tests and investigations
- Request microbiology review

Daily Review

24hrs

Daily Review - Start Smart then focus

- Assess clinical and biochemical response to treatment
- Improvement – Follow 'Start Smart then Focus' policy
- No change – review diagnosis & treatment and consider source control
- Deteriorating – manage as per 6hr deterioration Actions

Antimicrobial Management

Follow local antimicrobial guideline

- Stop – if alternate diagnosis and no evidence of infection
- Rationalise antibiotics according to clinical response and microbiology results
- Switch from IV to oral (when appropriate)
- Daily review of woman