At a minimum, maintain close surveillance; consider additional fluids to reduce lactic acid level; repeat lactate. (See Discussion of the Role of Lactic Acid in the Peripartum Period in the toolkit for more detail).

**Routine Vital Signs/Physical Assessment**
- Blood pressure
- Temperature
- Heart rate
- Respiratory rate
- Oxygen saturation
- Mental status
- Urine output

**Step 1: initial Sepsis Screen**
- Oral temp < 36 °C (96.8 °F) or ≥ 38 °C (100.4 °F)
- Heart rate > 110 beats per minute
- Respiratory rate > 24 breaths per minute
- WBCs > 15,000/mm³ or < 4,000/mm³ or > 10% bands

Suspected infection if any 2 of 4 criteria met

**Lab Assessment**
- Cultures x2 (blood, urine, sputum, wound, etc.)
- CBC (including % immature neutrophils [bands], platelets)
- Coagulation status (PT/INR/PTT)
- Comprehensive metabolic panel (bilirubin, creatinine)
- Venous lactic acid

**Step 2: Confirmation of Sepsis Evaluation**
- Respiratory: New need for mechanical ventilation or PaO₂/FiO₂ < 300
- Coagulation: Platelets < 100 X 10⁹/L or INR > 1.5 or PTT > 60 secs
- Liver: Bilirubin > 2 mg/dL
- Cardiovascular: SBP < 85 mmHg or MAP < 65 mmHg or > 40 mmHg decrease in SBP (after fluids)
- Renal: Creatinine > 1.2 mg/dL or doubling of creatinine or urine output < 0.5mL/kg/hr x 2 hrs
- Mental status: Agitated, confused, or unresponsive
- Lactic Acid: > 2 mmol/L in absence of labor

Sepsis confirmed if 1 or more criteria met

**Action:** If infection is suspected, start source-directed antibiotics and 1-2 L of IV fluids; increase monitoring and surveillance. Move to confirmation evaluation.

**NOTE:** A MAP < 65 mmHg (sustained for 15 minutes after 30mL/kg fluid load) in setting of infection directly defines SEPTIC SHOCK

**Leading causes of maternal sepsis:**
- Pyelonephritis
- Appendicitis
- Pneumonia/influenza
- Wound infection/necrotizing fasciitis
- Mastitis
- Cholecystitis

**Edited from:** CMQCC California Maternal Quality Care Collaborative