

Is the patient pregnant **OR** 1 year postpartum? If yes, consult OB.

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

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

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

- 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**

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

All criteria **NEGATIVE**

This group remains at high risk for sepsis and requires close supervision and reevaluation.

≥1 criterion **POSITIVE** defines **SEPSIS**

Start source-directed antibiotics, broad spectrum antibiotics if source unclear; increase fluids to 30mL/kg within 3 hours; collect blood cultures if not already obtained, maintain close surveillance, e.g. RRT, and repeat lactate. Escalate care as needed.

Elevated lactate only in labor

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).

MAP < 65 mmHg (sustained for 15 minutes defines **SEPTIC SHOCK**)

As above for sepsis, admit to ICU. If hypotension persists after 30 mL/kg fluid load, assess hemodynamic status and consider vasopressor use.