COMMUNITY MATERNAL SEPSIS PATHWAY

For health professionals working in community settings. Use for all people who are pregnant or up to 6 weeks postpartum

Sepsis Trust NZ

Health New Zealand Te Whatu Ora

Health Quality & Safety Commission Te Tāhū Hauora

RAISE THE FLAG | Could it be Sepsis?

Sepsis is a life-threatening emergency and can happen to anyone. Consider sepsis for any sick person with evidence of infection, especially when risk factors are present.

This pathway is to be filed in patient record and is intended for use by all clinicians

Family name

Given name | Gender

AFFIX PATIENT LABEL HERE

DOB | NHI

Māori and Pacific populations experience disproportionately higher rates of sepsis and sepsis-related harm

SEPSIS RISK FACTORS

- Socio-economic deprivation
- Previous sepsis event
- Chronic medical conditions
- Immunosuppressed
- Prolonged rupture of membranes
- Recent trauma, surgery/ procedure, or hospital admission

RECOGNISE

Date, time started, initial DD/MM/YY 00:00 24 HR AB

☐ Is the presentation consistent with **suspected** or **confirmed** infection?

NO → Exit sepsis pathway*

YES ↓

Does patient meet ANY of the following criteria?

☐ Concern for sepsis ☐ Abnormal vital signs ☐ Whānau or carer is very concerned

YES ↓

RED FLAGS

- ☐ New oxygen requirement
- ☐ RR ≥ 25
- ☐ SBP ≤ 90 mmHg **OR** ≥ 40 mmHg below patient's normal
- ☐ HR ≥ 130
- ☐ Skin ashen/mottled **OR** non-blanching rash
- ☐ Responds only to voice, responds only to pain, **OR** is unresponsive

ONE OR MORE RED FLAG

NO RED FLAG → AMBER FLAGS

AMBER FLAGS

- ☐ Persistent whānau concern
- ☐ RR 21 - 24 **OR** respiratory distress
- ☐ HR 100 - 129 **OR** new arrhythmia
- ☐ SBP 91 - 100 mmHg
- ☐ Temp < 36°C **OR** > 39°C
- ☐ Altered mental state
- ☐ Prolonged rupture of membranes (>24 hours)
- ☐ Close contact with Group A Strep
- ☐ Malodorous vaginal discharge
- ☐ Fetal tachycardia >160 **OR** abnormal CTG
- ☐ Invasive procedure or termination in last 6 weeks

≥ 1 flag ticked ↓

No flag ticked – Exit pathway*

- ☐ If >1 flag ticked, have a lower threshold for treating as Red Flag Sepsis
- ☐ Consider urgent investigations, advice, and observation
- ☐ Use judgement to decide if can be managed in the community
- ☐ Ensure antibiotics given <3 hours if indicated

Start Sepsis Six NOW

If >1 flag ticked or deterioration, consider

SEPSIS SIX

Perform as many of these steps as possible (steps are not sequential)

1. Obstetric consultation to decide most appropriate hospital for emergency transfer.
2. Arrange immediate ambulance transfer to hospital. State Red Flag Sepsis. Inform family/whānau of transfer with suspected sepsis.
3. Give oxygen if SpO_2 ≤ 92%, target saturation ≥ 94% (88 - 92% if known CO_2 retainer).
4. Gain IV access and draw at least 2 sets of blood cultures from a single site.
5. Give IV or IM antibiotics (2 g ceftriaxone or if weight is less than 40 kg, use dose of 50 mg/kg).
6. Give IV fluids (500 ml 0.9% saline, repeated if clinically indicated up to a maximum of 2000 mL).

If discharging, provide written advice and arrange review at 24-48 hours.

*In case of deterioration restart screening

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