

G.P. Maternal Sepsis Decision Support Tool



To be applied to all **women who are pregnant** or up to six weeks postpartum (or after the end of pregnancy if pregnancy did not end in a birth) who have a suspected infection or have clinical observations outside normal limits

1. In the context of presumed infection, are any of the following true:

(common sources: pneumonia, UTI, breast abscess/mastitis, endometritis, chorioamnionitis, infected caesarean or perineal wound, influenza, intra-abdominal infection)

Tick

Patient looks very unwell

Family or carer is very concerned

There is ongoing deterioration

Physiology is abnormal for this patient

N

Low risk of sepsis. Consider other diagnoses.
Use clinical judgment and/or usual guidelines.

Give safety netting advice: call 999 if patient deteriorates rapidly, or call 111/arrange to see GP if condition fails to improve or gradually worsens. Signpost to available resources as appropriate. Consider obstetric assessment.

N

Y

2. Is **ONE** maternal Red Flag present?

Tick

Responds only to voice or pain/ unresponsive

Systolic B.P ≤ 90 mmHg

Heart rate ≥ 130 per minute

Respiratory rate ≥ 25 per minute

Needs oxygen to keep SpO₂ $\geq 92\%$

Non-blanching rash, mottled/ ashen/ cyanotic

Not passed urine in last 18 hours

Lactate ≥ 2 mmol/l

N

3. Is any Maternal Amber Flag present?

Tick

Relatives worried about mental state/ behaviour

Acute deterioration in functional ability

Respiratory rate 21-24 OR dyspnoeic

Heart rate 100-129 OR new dysrhythmia

Systolic BP 91-100 mmHg

Not passed urine in last 12-18 hours

Temperature $< 36^{\circ}\text{C}$

Immunosuppressed/ diabetes/ gestational diabetes

Has had invasive procedure in last 6 weeks

(e.g. CS, forceps delivery, ERPC, cerclage, CVs, miscarriage, termination)

Prolonged rupture of membranes

Close contact with GAS

Bleeding/ offensive wound/ vaginal discharge

If immunity also impaired treat as Red Flag Sepsis

Y

Sepsis likely

Use clinical judgment to determine whether patient can be managed in community setting. If treating in the community, consider:

- planned second assessment with blood results
- brief written handover to colleagues
- specific safety netting advice

Red Flag Sepsis!

Immediate actions:

Dial 999

Arrange blue light transfer

Administer oxygen to maintain saturations $> 94\%$

Communication:

Write a brief clear handover including observations and antibiotic allergies (where present)

Ensure Paramedics pre-alert as 'Red Flag Sepsis'