

# Sepsis



- Sepsis is a life-threatening response to infection and requires immediate response
- Septic shock is a subset in patients who require vasopressor support to maintain a MAP >65 mmHg and have a serum lactate >2mmol/L after adequate fluid resuscitation

<b>Leading Causes of Sepsis</b>	<ul style="list-style-type: none"> <li>• Intraamniotic infection/chorioamnionitis/endometritis</li> <li>• Pneumonia/influenza</li> <li>• Urosepsis</li> <li>• Appendicitis</li> <li>• Wound infection/necrotizing fasciitis</li> <li>• Cholecystitis</li> <li>• Episiotomy</li> <li>• Septic abortion</li> </ul>
<b>Management</b>	<p><b>Unstable:</b> stabilize or transfer to a venue capable of intervention.</p> <p><b>Stable:</b> evaluation can proceed.</p> <p>Maternal Early Warning Criteria:</p> <ul style="list-style-type: none"> <li>• Systolic BP &lt;90 or &gt;160 mmHg</li> <li>• Diastolic BP &gt;100 mmHg</li> <li>• Heart rate &lt;50 or &gt;120 bpm</li> <li>• Respiratory rate &lt;10 or &gt;30 breaths per minute</li> <li>• Temperature (oral) &lt;36C (96.8F) or &gt;38C (100.4F)</li> <li>• Oxygen saturation on room air &lt;95%</li> <li>• Oliguria &lt;35mL/hr for greater ≥ 2 hours</li> <li>• Maternal agitation, confusion, unresponsiveness</li> <li>• Pain out of proportion to patient presentation</li> </ul> <p>Tests to evaluate:</p> <ul style="list-style-type: none"> <li>• CBC with differential</li> <li>• Coagulation status</li> <li>• Comprehensive metabolic panel</li> <li>• Venous lactic acid</li> <li>• Blood cultures: 2 sets for anaerobes within 3 hours of diagnosis</li> <li>• Urine output (foley catheter with urometer)</li> <li>• Pulse oximetry</li> <li>• Mental status assessment</li> </ul> <p>Treatment:</p> <ul style="list-style-type: none"> <li>• Adequate fluid resuscitation</li> <li>• Source-directed antibiotic therapy</li> <li>• Norepinephrine in pregnancy is used if MAP &lt;65 mmHG and if the patient is unresponsive to IV fluid resuscitation.</li> <li>• Dobutamine is recommended for myocardial dysfunction or hypoperfusion of IV fluids and pressors.</li> <li>• Control fever with Tylenol and cooling blankets</li> </ul> <p>Avoid hyperglycemia (&gt;180)</p> <p>Consider steroids for fetal lung maturity if 23-36 weeks of pregnancy</p> <p>Consider VTE prophylaxis</p>
<b>Consult</b>	<p><b>If perinatal/postpartum sepsis is suspected, consider consulting an OB/GYN or call the MIST Consultation Line at 800-UAB-MIST (800-822-6478)</b></p>

For more information or resources, please visit [ALPQC.ORG](http://ALPQC.ORG).  
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