



ARROWHEAD REGIONAL MEDICAL CENTER
Department of Nursing (NRS)
Maternal Child Health (MCH) Policies and Procedures

Policy No. 5301.00 Issue 1
Page 1 of 5

SECTION: PATIENT CARE

SUBJECT: SEPSIS AND SEPTIC SHOCK, CARE OF PATIENT

APPROVED BY: _____
Nurse Manager

POLICY

Pregnant and postpartum patients with Sepsis and Septic Shock are identified and initial treatment is implemented in Labor and Delivery (L&D) or the Mother-Baby Unit (MBU).

PROCEDURE

- I. Patients presenting to L&D or on the MBU with a documented or suspected infection and any two (2) of the following require immediate action and will prompt a positive sepsis screen
 - A. Maternal heart rate greater than 110 bpm and sustained for 15 minutes
 - B. Oral temperature greater than or equal to 100.4 degrees (°) Fahrenheit (F)
 - C. Mean arterial pressure (MAP) less than 65 millimeters mercury (mm Hg)
 - D. Respiratory rate greater than 24 breaths per minute and sustained for 15 minutes
 - E. White blood cell count greater than 15,000/millimeters cubed (mm³)
- II. Obtain initial Practitioner orders and begin implementation
 - A. One (1) large bore Intravenous (IV) access/catheter
 - B. Infuse Normal Saline IV bolus 30 milliliters per kilogram (ml/kg) STAT
 - C. Draw Complete Blood Count (CBC) with differential
 - D. Obtain urine sample
 - E. Monitor vital signs every 15 minutes
 - F. Continuous pulse oximetry
 - G. Continuous fetal monitoring for gestational age greater than or equal to 23 weeks
- III. During implementation of initial Practitioner orders, patients are assessed for sepsis and septic shock
 - A. Criteria for diagnosis of Sepsis
 1. Documented or suspected infection
 2. Common causes in pregnancy and postpartum are pyelonephritis, pneumonia, and chorioamnionitis and any 1 of the following end organ injury criteria
 - a. Platelets less than 100,000 10³ per microliter or INR greater than 1.5
 - b. Bilirubin greater than 2 milligrams per deciliter (mg/dl)
 - c. MAP less than 65 mmHg after IV bolus
 - d. Creatinine greater than or equal to 1.2 mg/dl

- e. Mental status: agitated, confused, or unresponsive
- f. Lactic Acid: greater than 2 millimoles per liter (mmol/L) in the absence of labor

B. Criteria for Septic Shock

- 1. Persistent hypotension with a MAP of less than 65 mmHg, despite intravenous fluids

IV. If the patient meets the criteria for sepsis:

A. Obtain additional Practitioner orders and implement within one (1) hour of positive sepsis screen

- 1. Draw Complete Metabolic Panel (CMP), and prothrombin time/international normalized ratio (PT/INR)
- 2. Draw blood culture times two (2), 15-20 minutes apart from different sites
- 3. Draw Arterial Blood Gas (ABG) with lactate if pulse oximetry is below 94 percent (%) on room air or Venous Blood Gas (VBG) with lactate if pulse oximetry is above 94 % on room air.

a. ABG orders are obtained by Respiratory Therapist (RT)

- 1) Order ABG sepsis in the hospital's electronic health system (EHR)
- 2) Notify Respiratory Department of order

b. VBG orders are obtained by Registered Nurse (RN)

- 1) Order VBG sepsis in the hospital's EHR
- 2) Perform venous puncture and collect one (1) ml blood in an ABG syringe
- 3) Complete the specimen collection details in the EHR and a Blood Gas Laboratory Requisition, see Attachment A to include:

- a) Date
- b) Time specimen drawn
- c) Source: Venous
- d) Ordered tests: Blood gas and lactate
- e) Document patient's temperature and pulse oximetry
- f) Print and sign name

- c. Repeat lactate at six (6) hours or less if initial lactate is greater than or equal to 2 mmol/l
- d. Send specimen to tube station 26 (Respiratory Department)

- 4. Monitor vital signs every 15 minutes
- 5. Continuous pulse oximetry
- 6. Place urinary catheter in bladder (monitor output every hour)

- a. Obtain catheter specimen from sampling port using luer-lock needless syringe
- b. Send urine to the laboratory for culture

7. Administer ordered antibiotics after obtaining blood cultures. Antibiotics may change according to hospital wide recommendations for sepsis, taking into account pregnancy state

- a. For suspected pneumonia or pyelonephritis administer ceftriaxone (Rocephin) two (2) grams intravenous piggyback (IVPB) every 24 hours

- b. For chorioamnionitis: administer ampicillin (Principen) two (2) grams IVPB every six (6) hours and gentamycin (Garamycin), as ordered by the Practitioner
- c. For patients with indwelling catheter or nephrostomy tube administer extended-infusion piperacillin / tazobactam (Zosyn) 3.375 grams IVPB every eight (8) hours (or Zosyn 4.5 grams IVPB every six (6) hours) and amikacin (Amikin) 15 mg/kg IV every 24 hours

B. Patients meeting the criteria for sepsis that remain unstable, despite treatment, are transferred to the Intensive Care Unit per Practitioner order

V. Patient meeting the criteria for septic shock

Initiate a Rapid Response Team (RRT) call and transfer the patient immediately to the Intensive Care Unit to receive a higher level of care. See Administrative (ADM) Policy 620.07, Rapid Response Team.

- REFERENCES:** **Administrative (ADM) Policy 620.07, Rapid Response Team**
Barton, J., Sibai, B., Barton, J. R., & Sibai, B. M. (2012). Severe sepsis and septic shock in pregnancy. *Obstetrics and Gynecology*. 120(3): 689-706
**Gibbs R, Bauer M, Olvera L, Sakowski C, Cape V, Main E. (2020). Improving Diagnosis and Treatment of Maternal Sepsis: A Quality Improvement Toolkit. *California Maternal Quality Care Collaborative*.
<https://www.cmqcc.org/file/858/>**
**Singer, M., Deutschman, C. S., Seymour, C. W., Shankar-Hari, M., Annane, D., Bauer, M., Bellomo, R., Bernard, G. R., Chiche, J. D., Coopersmith, C. M., Hotchkiss, R. S., Levy, M. M., Marshall, J. C., Martin, G. S., Opal, S. M., Rubenfeld, G. D., van der Poll, T., Vincent, J. L., & Angus, D. C. (2016). The Third International Consensus definitions for sepsis and septic shock. *Journal of the American Medical Association*. 315(8): 801-810.
<https://jamanetwork.com/journals/jama/articlepdf/2492881/jsc160002.pdf>**
Administrative (ADM) Policy 620.07, Rapid Assessment Team
- DEFINITIONS:** **Sepsis: Life-threatening organ dysfunction caused by a dysregulated host response to infection**
Septic Shock: Subset of sepsis in which underlying circulatory and cellular metabolism abnormalities are profound enough to substantially increase mortality
- ATTACHMENTS:** **Attachment A: Blood Gas Laboratory Requisition Form**

APPROVAL DATE:	6/2/2025	Sheryl Wooldridge, Clinical Director II Department/Service Director, Head or Manager
	8/8/2025	Department of Women's Health Services Applicable Administrator, Hospital or Medical Committee
	8/28/2025	Nursing Standards Committee Applicable Administrator, Hospital or Medical Committee
	9/24/2025	Patient Safety and Quality Committee Applicable Administrator, Hospital or Medical Committee
	10/2/2025	Quality Management Committee Applicable Administrator, Hospital or Medical Committee
	10/23/2025	Medical Executive Committee Applicable Administrator, Hospital or Medical Committee
	1/13/2026	Board of Supervisors Approved by the Governing Body

REPLACES: Labor and Delivery Policy No. 242.00 Issue 2

EFFECTIVE: 05/30/2018

REVISED: N/A

REVIEWED: N/A

BLOOD GAS LABORATORY REQUISITION FORM

ARROWHEAD REGIONAL MEDICAL CENTER Respiratory Care Services BLOOD GAS LABORATORY REQUISITION		
Date: _____	Pt. Location: _____	
Draw Time: _____	Call Back #: _____	
Source: _____	Allen's Test: Yes / No / NA <small>Circle one</small>	
Received: _____	<small>for laboratory use</small>	
Ordered By: _____	<small>Please print legibly</small>	
Signature: _____	<small>Required if used as Ordering Documentation</small>	
Drawn By: _____	<small>Printed Name / Title (Not required if same as "Ordered By" above)</small>	
Ordered Tests:		
<input type="checkbox"/> Blood Gas	<input type="checkbox"/> Cord Gas	<input type="checkbox"/> pH only
<input type="checkbox"/> Capillary Blood Gas	<input type="checkbox"/> Electrolytes	<input type="checkbox"/> Metabolytes
<input type="checkbox"/> S _v O ₂ (Direct Saturation)	<input type="checkbox"/> Co-Oximetry	<input type="checkbox"/> iCa++
<input type="checkbox"/> A-V DO ₂	<input type="checkbox"/> Lactate	
Monitoring Information:		
SPO ₂ _____	TCM O2 _____	Pt Temp _____
ETCO ₂ _____	TCM CO2 _____	Nitric PPM _____
Modality / Settings:		
<input type="checkbox"/> Room Air	<input type="checkbox"/> Spontaneous	
Vent _____	F _i O ₂ /LPM _____	% VE _____
Mode _____	PSV _____	P High _____
Set Rate _____	Pressure _____	P Low _____
Set Vt _____	IBW _____	T High _____
PEEP/CPAP _____	ml/Kg _____	T Low _____
Measured Parameters:		
Total Rate _____	Mech $\dot{V}E$ _____	PIP _____
Vt _____	Spon $\dot{V}E$ _____	P _{aw} _____
HFPV:		
Osc Freq _____	P _{aw} _____	Osc PEEP _____
IMV Rate _____	PIP _____	Demand PEEP _____
HFOV:		
Amplitude _____	LABORATORY SPECIMEN LABEL	
Hertz _____		
P _{aw} _____		
F _i O ₂ _____		
Nitric PPM _____		
PATIENT IDENTIFICATION		

72-85029-2 (1/16)
DISTRIBUTION:
White — Chart
Ivory — ABG Lab

USE BAR CODED FORMS