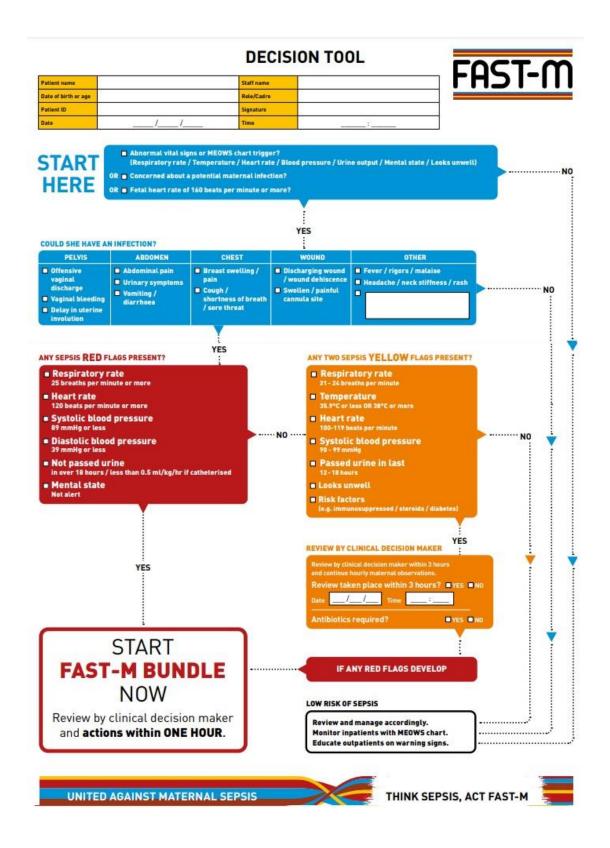
MODIFIED EARLY OBSTETRIC WARNING CHART (MEOWS CHART) FAST-M Patient ID ntact clinical decis patient triggers **ONE RED** or NO YELLOW flags at any one ti WRITE VALUES IN BOXES PROVIDED 25 or more Respiratory 21 - 24 11 - 20 10 or less 38 or more Temperature 36.0 to 37.9 35.9 or less 120 or more 100 - 119 Heart rate 50 - 99 40 - 49 39 or less 160 or more 100 -139 90 - 99 89 or less 110 or more 90 -109 40 - 89 39 or less 12 hours or less NORMAL 12 - 18 hours 18 hours or more OR less than 0.5 ml/kg/hour NORMAL **Mental State** Not Alert No Looks unwell Yes **TOTAL RED FLAGS** ACT NOW if patient triggers ONE RED or TWO YELLOW flags at any time. Escalate to clinical decision maker and start FAST-M decision tool. UNITED AGAINST MATERNAL SEPSIS THINK SEPSIS, ACT FAST-M



ent name B or age ent ID	Staff name Rete/Cadre Signature					П.	5T-N	
e & time ed flag ervation	Uste & time bundle started	_/_/:_	Date & time of review by clinical decision maker		(MBER TO COMPI E ACTIONS WITH IOUR	
	FLUIDS (caution in pre-ecla	mpsia, severe anaer	nia and pulmonary	y oedemal				
F	Date/ / Time fluids initiated : Initials Details / reason not completed					Give 500 ml crystalloid immediate Repeat 500 ml boluses to a maxim of 30 ml/kg if hypotension persists		
	ANTIBIOTICS							
H	Date/_/_ Tim Details / reason not completed	Time started : Initials			See antibiotic guidelines below			
	SOURCE - identify and trea	the source of infect	ion					
5	Date/ / Time considered : Details / reason not completed			See source identification and treatment boxes below				
	TRANSPORT (to higher level hospital or location within hospital, if required)						A	
	Date & time transport consider	ered//_	// : Ir		Transport F	Required	□ YES □	
	Date & time transport requested// : Initials					□ N/A		
	Date & time patient left facility/ Initials					1,7110-01	3000	
	Destination							
	Reason for any delay							
	MONITORING (start MEOWS chart if not already started. Repeat observations every 30 minutes until otherwise decided by clinical decision maker)							
	Date & time monitoring commenced	//_			Details / reason not completed			
	Maternal / fetal monitoring should include	Respiratory rate Temperature Heart rate Blood pressure	Urine output Mental state Fetal heart ra					
	Neonatal monitoring and review commenced	☐ YES ☐	YES NO NA					
TIBIOTIC G	UIDELINES	IDENTIF	Y THE SOURCE					
rt local guida	nce here	Consider		21		1		
mmediate treatment for Maternal Sepsis: Ceftriaxone 2 g IV once daily [if no IV access this can be given as 2 IM injections of 1 g in different sites]. If possible intra-abdominal source add Metronidazole		Clinical Blood ter	Clinical history Clinical examination Blood tests [if available] [FBC, U&Es, LFTs, CRP, clotting]		Blood cultures HIV and Malaria testing Urine sample Swabs (wound, vagina, throat)		Sputum sample Imaging (abdominal, chest Lumbar puncture Other	
00 mg IV three	e times daily or 400 mg PO three times d		/ TREAT THE SO	URCE		*		
	tic regime is not available then give: col 1 g IV/IM four times daily plus	Consider	THE STORY	- NOL				
entamycin 24	0 mg IV/IM once daily.	Malaria t	reatment		Removal of infected cannula / line			
maternal infe	ction source is known, is identified:	126410011111111	delivery of baby		Hysterectomy			
	eatment based on Malawi Standard	5.3032.563	Removal of retained products of conception Debridement of wound / drainage of collection			iotics once so	ource known	

