



TREATMENT BUNDLE



Patient name			Staff name		
D.O.B or age			Role/Cadre		
Patient ID			Signature		
Date & time of red flag observation	___/___/___	Date & time bundle started	___/___/___	Date & time of review by clinical decision maker	___/___/___

F	FLUIDS (caution in pre-eclampsia, severe anaemia and pulmonary oedema)	Date	___/___/___	Time fluids initiated	___:___	Initials		Give 500 ml crystalloid immediately. Repeat 500 ml boluses to a maximum of 30 ml/kg if hypotension persists.
	Details / reason not completed							
A	ANTIBIOTICS	Date	___/___/___	Time started	___:___	Initials		See antibiotic guidelines below
	Details / reason not completed							
S	SOURCE – identify and treat the source of infection	Date	___/___/___	Time considered	___:___	Initials		See source identification and treatment boxes below
	Details / reason not completed							
T	TRANSPORT (to higher level hospital or location within hospital, if required)	Date & time transport considered	___/___/___	Initials		Transport Required	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Date & time transport requested	___/___/___	Initials		<input type="checkbox"/> N/A			
	Date & time patient left facility	___/___/___	Initials					
	Destination							
	Reason for any delay							
m	MONITORING (start MEOWS chart if not already started. Repeat observations every 30 minutes until otherwise decided by clinical decision maker)	Date & time monitoring commenced	___/___/___	Initials		Details / reason not completed		
	Maternal / fetal monitoring should include	<ul style="list-style-type: none"> Respiratory rate Temperature Heart rate Blood pressure Urine output Mental state Fetal heart rate 						
	Neonatal monitoring and review commenced	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A						

ANTIBIOTIC GUIDELINES
Insert local guidance here
Immediate treatment for Maternal Sepsis:
<ul style="list-style-type: none"> 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 500 mg IV three times daily or 400 mg PO three times daily.
If above antibiotic regime is not available then give:
<ul style="list-style-type: none"> Chloramphenicol 1 g IV/IM four times daily plus Gentamycin 240 mg IV/IM once daily.
If maternal infection source is known, or as soon as it is identified:
<ul style="list-style-type: none"> Use specific treatment based on Malawi Standard Treatment Guidelines.

IDENTIFY THE SOURCE
Consider
<ul style="list-style-type: none"> 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 _____
REMOVE / TREAT THE SOURCE
Consider
<ul style="list-style-type: none"> Malaria treatment Consider delivery of baby Removal of retained products of conception Debridement of wound / drainage of collection Removal of infected cannula / line Hysterectomy Targeted antibiotics once source known



