

# Early Onset Sepsis Risk (Blue) Pathway

To be completed for all babies placed on Amber or Red pathway

Patient ID Sticker

|  |  |  |  |  |
|--|--|--|--|--|
| Weight   | Kg   |  | Gestation  |  |
| Current care pathway   | Red  |  | Amber  |  |
| Highest maternal temperature (during labour and up to one hour post birth)                       |  |  |  | °C   |
| Duration rupture of membranes in decimals expressed as hours                                     |  |  |  | Hours  |
| Maternal GBS status (circle below)   |  |  |  |  |
| Positive   |  | Negative   |  | Unknown  |
| Type of intrapartum antibiotics (circle below)   |  |  |  |  |
| Broad spectrum IVAB >4 hours prior to birth  | Broad spectrum IVAB 2-3.9 hours prior to birth | GBS specific antibiotics (benzylpenicillin) > 2 hours prior to birth | No antibiotics or any antibiotics < 2 hrs prior to birth |  |
| Neonatal Baseline observations   |  |  |  |  |
| HR   | RR   | Temp   | Sats   | BM   |
|  |  |  | if appropriate   | if appropriate   |
| Does the baby have any Red or Amber flags for sepsis? (circle)                                   |  |  |  | Yes / No   |
| If risk factors for sepsis are present, tick each risk factor that is present on the chart below |  |  |  |  |
| Invasive GBS in previous baby  |  | Maternal GBS   |  | Temperature <36.0°C or > 38.0°C                                      |
| Suspected sepsis in twin   |  | PROM >18 hours for preterm > 24 hours for term                       |  | Signs of resp. distress (RR >60, grunting, recessions, low sats etc) |
| Required CPR at birth  |  | Preterm birth <37 weeks  |  | Abnormal heart rate (<90 or >160)                                    |
| Need for ventilation   |  | Suspected chorioamnionitis   |  | Jaundice within 24 hours   |
| Apnoea   |  | Maternal Pyrexia > 38.0°C  |  | Poor feeding/persistent vomiting                                     |
| Seizures   |  | Altered behaviour/tone   |  | Hypo/hyper glycaemia   |

**Midwife** to bleep Neonatal SHO/ANNP with above information then complete table below

|  |  |   |  |
|--|--|---|--|
| Date/time  |  | Name of Doctor/ANNP   |  |
| Outcome of discussion  |  |   |  |
| <u>Only one amber sepsis risk</u><br><b>Continue Amber Pathway</b> | <u>Only one amber sepsis risk</u><br><b>Continue Red Pathway</b> | <u>One or more red risks for sepsis or two or more amber risk factors for sepsis</u><br><b>Commence Blue care plan observation and complete Early Onset Sepsis risk score</b><br>Paed/ANNP to attend and commence flowchart over page | <u>Baby clinically unwell</u><br><b>Admit to NNU</b> |
| Completed by   |  | Designation   |  |

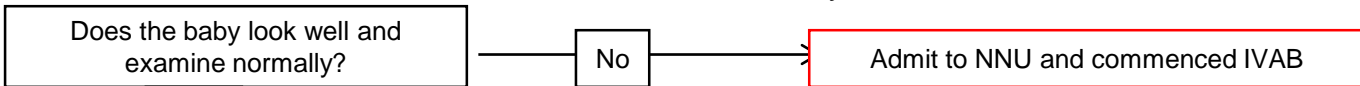
## Blue Pathway observation schedule:

Observations at 1 hour, 2 hours and then 2 hourly for 12 hours followed by 4 hourly observations for 24-36 hours or duration of IVAB (whichever is greater).

- Continue pre-feed BM's as normal for babies at risk of hypoglycaemia (red pathway)
- If observations outside of normal range they are to be repeated hourly until two sets are back within normal range and then continue as per Blue Pathway.
- Escalate deviations from normal range to Neonatal SHO/ANNP as this may alter the management.
- Escalate any new risk factors for sepsis that become apparent as the sepsis risk factor will need to be recalculated.

# Blue Pathway

Paed/ANNP to review information, examine baby and commence flowchart below



Complete Kaiser sepsis calculation at incidence rate of 1 in 1000 and continue flowchart below

|   |  |  |   |
|---|--|--|---|
| Date/time   | Sepsis Risk Score  |  | _____/1000  |
| Management plan according to above calculated Sepsis Risk Score (document risk per 1000 and circle Kaiser recommendation for each clinical presentation below – Well appearing, Equivocal and Clinical Illness) |  |  |   |
| <b>Well appearing (ASR) _____/1000</b>  | <b>IF: No culture, no antibiotics routine vitals</b><br><b>DO:</b><br><u>No IVAB</u><br>Blue Pathway obs for 24 hrs  | <b>IF: No culture, no antibiotics, vitals every 4 hours</b><br><b>DO:</b><br><u>No IVAB</u><br>Blue Pathway obs for 36hrs  | <b>IF: Blood Culture or Empiric Antibiotics</b><br><b>DO:</b><br><u>Septic screen + start IVAB</u><br>Blue Pathway obs for duration of stay |
| <b>Equivocal (ASR) _____/1000</b><br>One persistent abnormal observation lasting >4 hours after birth<br>or<br>Two or more persistent abnormal observation lasting >2 hours after birth                         | <b>IF: No culture no antibiotics, vitals every 4 hours</b><br><b>DO:</b><br><u>No IVAB</u><br>Hourly obs until normal obs X2.<br>Blue Pathway obs for 36 hours | <b>IF: Blood Culture or Empiric Antibiotics</b><br><b>DO:</b><br><u>Septic screen + start IVAB</u><br>Hourly obs until normal obs X2.<br>Then blue Pathway obs for duration of stay. |   |
| <b>Clinical Illness (ASR) _____/1000</b>  | <b>DO: Urgent medical review – septic screen + IVAB</b>  |  |   |
| Completed by  | Designation  |  |   |

