

# FAST-M TREATMENT BUNDLE



Patient name				Staff name			
DOB / Age				Role / Cadre			
Patient ID				Signature			
Date and time of red flag observation	___/___/___	Date & time FAST-M Treatment Bundle started	___/___/___	Date & time of review by nurse / midwife / clinician	___/___/___		



REMEMBER TO COMPLETE THESE ACTIONS WITHIN ONE HOUR

<b>F</b>	FLUIDS (caution in pre-eclampsia, severe anaemia and heart failure)						
	Date	___/___/___	Time started	___:___	Initials		
	Details / reason not completed						Give 500 ml crystalloid immediately. Repeat 500 ml boluses to a maximum of 30 ml/kg if hypotension persists

<b>A</b>	ANTIBIOTICS						
	Date	___/___/___	Time started	___:___	Initials		
	Details / reason not completed						Give antibiotics. See below for guidance

<b>S</b>	SOURCE control (identify and treat the source of infection)						
	Date	___/___/___	Time considered	___:___	Initials		
	Details / reason not completed						Identify and control the source. See below for guidance

<b>T</b>	TRANSFER if required (to a different hospital or location that can provide a higher level of care)						
	Date & time considered	___/___/___	___:___	Initials		Transport required	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Date & time requested	___/___/___	___:___	Initials		<input type="checkbox"/> N/A	
	Date & time patient left facility	___/___/___	___:___	Initials		<input type="checkbox"/> N/A	
	Destination						
	Reason for any delay						

<b>M</b>	MONITORING (start MEOWS Chart if not already started and repeat observations every 30 minutes, until otherwise decided by the nurse / midwife / clinician performing the review)						
	Date and time monitoring commenced:	___/___/___	___:___	Details / reason not completed			
	Maternal / fetal monitoring should include:	<ul style="list-style-type: none"> <li>Respiratory rate</li> <li>Temperature</li> <li>Heart rate</li> <li>Blood pressure</li> <li>Urine output</li> <li>Mental state</li> <li>Fetal heart rate</li> </ul>					
	Neonatal monitoring and review commenced:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					

<b>ANTIBIOTIC RECOMMENDATION</b>
<p><b>Consider:</b></p> <p><b>Immediate treatment for maternal sepsis of unknown origin:</b></p> <ul style="list-style-type: none"> <li>Ceftriaxone 2g IV OD plus metronidazole 500mg IV TDS</li> <li>Add a one-off dose of gentamicin 5mg/kg IV if the patient is haemodynamically unstable</li> </ul> <p><b>If the above regimen is not available or the patient is not improving after 48 hours:</b></p> <ul style="list-style-type: none"> <li>Seek urgent advice from a senior decision-maker (nurse / midwife / clinician)</li> </ul> <p><b>If maternal infection source is known, or as soon as it is identified:</b></p> <ul style="list-style-type: none"> <li>Adapt the antibiotic choice to cover that source specifically, according to local guidelines</li> </ul>

<b>IDENTIFY THE SOURCE</b>
<p><b>Consider:</b></p> <ul style="list-style-type: none"> <li>Clinical history</li> <li>Clinical examination</li> <li>Blood tests (if available)</li> <li>(FBC, U&amp;Es, LFTs, CRP, clotting)</li> <li>Blood cultures</li> <li>HIV and malaria tests</li> <li>Urine sample</li> <li>Swabs (wound, vagina, throat)</li> <li>Sputum sample</li> <li>Imaging (abdominal / chest)</li> <li>Lumbar puncture</li> </ul>

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

**SUSPECT SEPSIS, START FAST-M**

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