

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

F	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

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

S	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

T	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						

M	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"> Respiratory rate Urine output Temperature Mental state Heart rate Fetal heart rate Blood pressure 					
	Neonatal monitoring and review commenced:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					

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

IDENTIFY THE SOURCE			
<p>Consider:</p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> Clinical history Clinical examination Blood tests (if available) (FBC, U&Es, LFTs, CRP, clotting) </td> <td> <ul style="list-style-type: none"> Blood cultures HIV and malaria tests Urine sample Swabs (wound, vagina, throat) </td> <td> <ul style="list-style-type: none"> Sputum sample Imaging (abdominal / chest) Lumbar puncture </td> </tr> </table>	<ul style="list-style-type: none"> Clinical history Clinical examination Blood tests (if available) (FBC, U&Es, LFTs, CRP, clotting) 	<ul style="list-style-type: none"> Blood cultures HIV and malaria tests Urine sample Swabs (wound, vagina, throat) 	<ul style="list-style-type: none"> Sputum sample Imaging (abdominal / chest) Lumbar puncture
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REMOVE / TREAT THE SOURCE		
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SUSPECT SEPSIS, START FAST-M



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