

FAST-M DECISION TOOL



Patient name	Caroline Sani	Staff name	
DOB / Age	21/06/1984	Role / Cadre	
Patient ID	CASE 1	Signature	
Date	____ / ____ / ____	Time	____ : ____

**START
HERE**

- ☐ Abnormal vital signs or MEOWS Chart trigger?
(Respiratory rate / Temperature / Heart rate / Blood pressure / Urine output / Mental state / Looks unwell)
- OR ☐ Concerned about a potential maternal infection?
- OR ☐ Fetal heart rate of 160 beats per minute or more

COULD THE PATIENT HAVE AN INFECTION?

PELVIS	ABDOMEN	CHEST	WOUND	OTHER
<input type="checkbox"/> Offensive vaginal discharge <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Delay in uterine involution	<input type="checkbox"/> Abdominal pain <input type="checkbox"/> Urinary symptoms <input type="checkbox"/> Vomiting / diarrhoea	<input type="checkbox"/> Cough / shortness of breath / sore throat <input type="checkbox"/> Breast erythema / pain	<input type="checkbox"/> Discharging wound / wound dehiscence <input type="checkbox"/> Swollen / painful cannula site	<input checked="" type="checkbox"/> Fever / rigors / malaise <input type="checkbox"/> Headache / neck stiffness / rash <input type="checkbox"/> Other: <input type="text"/>

ARE ANY SEPSIS **RED** FLAGS PRESENT?

- ☐ **Respiratory rate**
25 breaths per minute or more
- ☐ **Heart rate**
120 beats per minute or more
- ☐ **Systolic blood pressure**
89 mmHg or less
- ☐ **Diastolic blood pressure**
39 mmHg or less
- ☐ **Not passed urine**
in over 18 hours (less than 0.5 ml/kg/hr if catheterised)
- ☐ **Mental state**
Not altered

ARE TWO OR MORE SEPSIS **YELLOW** FLAGS PRESENT?

- ☐ **Respiratory rate**
21 – 24 breaths per minute
- ☒ **Temperature**
35.9 °C or less OR 38°C or more
- ☐ **Heart rate**
100–119 beats per minute
- ☐ **Systolic blood pressure**
90 – 99 mmHg
- ☐ **Last passed urine**
12 – 18 hours ago
- ☒ **Looks unwell**

REVIEW BY NURSE / MIDWIFE / CLINICIAN

Continue to monitor maternal vital signs **HOURLY** and **REVIEW** the patient within three hours

Review taken place within three hours? ☐ YES ☐ NO

Date / / Time :

Recognise infections **EARLY** and start appropriate antibiotics.

Are antibiotics required? ☐ YES ☐ NO

**START FAST-M
TREATMENT
BUNDLE NOW**

Urgent review by nurse / midwife / clinician and take action within **ONE HOUR**

IF ANY RED FLAGS DEVELOP

LOW RISK OF SEPSIS

- Review and manage appropriately: treat non-severe infections early to prevent sepsis.
- Continue to monitor inpatients using the MEOWS Chart.
- Educate patients on warning signs of infection when discharged.

SUSPECT SEPSIS, START FAST-M

