

# FAST-M TREATMENT BUNDLE



Patient name	Ketti Moyo	Staff name	
DOB / Age	28	Role / Cadre	
Patient ID	case 8	Signature	
Date and time of red flag observation	06 / 06 / 2023	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					Not given, Under observation (yellow flags)
						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					Not given, Under observation (yellow flags)
						Give antibiotics. See below for guidance

S	SOURCE control (identify and treat the source of infection)					
	Date	___/___/___	Time considered	___:___	Initials	
	Details / reason not completed					Source identification required (smelly vaginal discharge, body pains)
						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	Yes if low level. Transfer to upper level of care (raised blood pressure)? Reduced fetal movement				
	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"> <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>				Monitoring required
	Neonatal monitoring and review commenced:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				

<b>ANTIBIOTIC RECOMMENDATION</b>
Consider:
<b>Immediate treatment for maternal sepsis of unknown origin:</b> <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>
<b>If the above regimen is not available or the patient is not improving after 48 hours:</b> <ul style="list-style-type: none"> <li>Seek urgent advice from a senior decision-maker (nurse / midwife / clinician)</li> </ul>
<b>If maternal infection source is known, or as soon as it is identified:</b> <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>		
Consider:		
<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> </ul>	<ul style="list-style-type: none"> <li>Blood cultures</li> <li>HIV and malaria tests</li> <li>Urine sample</li> <li>Swabs (wound, vagina, throat)</li> </ul>	<ul style="list-style-type: none"> <li>Sputum sample</li> <li>Imaging (abdominal / chest)</li> <li>Lumbar puncture</li> </ul>

<b>REMOVE / TREAT THE SOURCE</b>	
Consider:	
<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> </ul>	<ul style="list-style-type: none"> <li>Removal of infected cannula / line</li> <li>Hysterectomy</li> <li>Targeted antibiotics once source known</li> </ul>

**SUSPECT SEPSIS, START FAST-M**

