

FAST-M DECISION TOOL



Patient name	Chisomo Malawira	Staff name	
DOB / Age	26	Role / Cadre	
Patient ID	CASE 9	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 checked="" type="checkbox"/> Offensive vaginal discharge <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Delay in uterine involution	<input checked="" 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 checked="" 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: <div></div>

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

YES

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

IF ANY RED FLAGS DEVELOP

**START FAST-M
TREATMENT
BUNDLE NOW**

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

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

