

FAST-M TREATMENT BUNDLE



Patient name	Chisomo Malawira	Staff name	
DOB / Age	26	Role / Cadre	
Patient ID	CASE 9	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		To be given		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		To be given		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, abdominal 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	
	Date & time requested	___/___/___ :___	Initials	
	Date & time patient left facility	___/___/___ :___	Initials	
	Destination	Yes if low level. Transfer to upper level of care		
	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 Temperature Heart rate Blood pressure Urine output Mental state Fetal heart rate 	Monitoring required
	Neonatal monitoring and review commenced:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

ANTIBIOTIC RECOMMENDATION
Consider:
Immediate treatment for maternal sepsis of unknown origin: <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
If the above regimen is not available or the patient is not improving after 48 hours: <ul style="list-style-type: none"> Seek urgent advice from a senior decision-maker (nurse / midwife / clinician)
If maternal infection source is known, or as soon as it is identified: <ul style="list-style-type: none"> Adapt the antibiotic choice to cover that source specifically, according to local guidelines

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

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

SUSPECT SEPSIS, START FAST-M

