**MATERNAL TRIGGERS**
- Temperature: ≥38°C (100.4°F) or ≤36°C (96.9°F)
- Pulse Ox: ≤93%
- Heart Rate: >110 or <50
- Resp Rate: >24 or <12
- Systolic BP: >155 or ≤80
- Diastolic BP: >105 or ≤45
- Altered Mental Status anytime
- Fetal HR >160 (Infection pathway only)

**MATERNAL ASSESSMENT**
- Temp, Pulse Ox, HR, RR, B/P

**Normal Assessment**
- (No abnormal triggers)
- STOP here and continue to monitor

**Abnormal Maternal Assessment 2 or More Triggers**

**Suspected Infection and/or Abnormal Maternal Temp**
- Infection – Sepsis
  - Two or more Triggers
  - Notify Physician, CBC and blood cultures
  - Consider antibiotics, if appropriate
  - HR >110 and/or MAP <65
  - Test for organ dysfunction: lactic acid, LFTs, total bilirubin, creatinine, urine output
  - Signs of acute organ dysfunction:
    - lactic acid > 2 mmol/L
    - creatinine > 2.5 mg/dL
    - O2 Sat ≤93%
  - Consider Severe Sepsis
  - Consider Septic Shock
  - Fluid Resuscitation (within 1 hour) with crystalloid bolus 30mL/kg, notify RRT, consider ICU transfer and/or consult
  - Goal: Map >65 and HR <100

**Confirmed (sustained):**
- REQUEST PROVIDER EVALUATION
- Continue toward Critical Care Assessment Pathway

**1 Severe Trigger Present**
- HR>130, RR>30, SBP ≥160, DBP ≥110, MAP<55, O2 sat<90%, nurse clinically uncomfortable with patient status
- REQUEST PROVIDER EVALUATION

**Cardiopulmonary**
- HR >110, MAP <65, O2 Sat ≤93%, RR > 24 or Altered Mental Status
- Consider Underlying Cause
- Cardiomyopathy / CHF
- Myocardial Infarction
- Pulmonary Edema
- Pulmonary HTN
- Pulmonary Embolus / DVT
- Illicit Drug Use
- Lactic acid >4mmol/L, creatinine > 2.5 mg/dL, O2 Sat ≤65 after fluids
- Consider Severe Sepsis
- Consider Septic Shock
- Fluid Resuscitation (within 1 hour) with crystalloid bolus 30mL/kg, notify RRT, consider ICU transfer and/or consult
- Goal: Map >65 and HR <100
- BNP, cardiac enzymes, EKG, echo, spiral CT
- Consults
  - Medicine, Critical Care, Perinatology

**Hypertension in Pregnancy**
- SBP >155 and/or DBP ≥105, MD notified
- Hypertensive Disorders of Pregnancy Protocol
- Sustained BP >160/110 - Treatment indicated (within 1 hour)
- Hypertension with severe features
  - Magnesium Sulfate – 4gm Bolus and 2gm per hour,
  - O2 Sat <93% or RR >24 – consider pulmonary edema

**Obstetrical Hemorrhage**

**Management of Obstetrical Hemorrhage Protocol**
- HR >110, MAP<65 and Bleeding or recent surgery
- Move to Stage 3
- Activate MTP, CBC and DIC panel, OB and Anesthesia to bedside