MATERNAL TRIGGERS SCREENING TOOL  
12/15/2014 v11

Complete screening each shift or when patients condition changes  
Enter Date/Time and Initial Each Entry  

Date  
Time  
Initials  

SECTION I : SCREENING CRITERIA

Severe Abnormal Trigger: If any ONE (1) of these are present greater than 20 mins CALL PROVIDER IMMEDIATELY

- Heart Rate greater than 130  
- Respiratory Rate greater than 30  
- Mean Arterial Pressure (MAP) less than 55  
- Oxygen saturation less than 90%  
- Nursing is clinically uncomfortable with patient status

<table>
<thead>
<tr>
<th>Maternal Trigger</th>
<th>Screening Criteria (circle the identified trigger, as applicable)</th>
<th>Check all that apply in the table below ↓</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Temperature</td>
<td>Greater than or equal to 38 C/100.4 F OR Less than or equal to 36 C/96.9 F</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>2. Fetal Heart Rate (sepsis path)</td>
<td>Greater than 160 bpm (*baseline, gestational age greater than or equal to 20 weeks)</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>3. Maternal Heart Rate <strong>exclude during pushing</strong></td>
<td>Greater than110 bpm or less than 50</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>4. Respiratory Rate</td>
<td>Greater than 24/min or less than 10</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>5. O2 saturation</td>
<td>Less than or equal to 93%</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>
| 6. Blood Pressure | Systolic greater than 155 or less than 80  
 Diastolic greater than 105 or less than 45 | ☐ ☐ ☐ ☐ ☐ |
| 7. Pain | Sudden onset, increasing, unusual for diagnosis or normal clinical course, noted in new location | ☐ ☐ ☐ ☐ ☐ |
| 8. Alterned Mental Status | Confusion, agitation, combativeness, dizziness, shortness of breath | ☐ ☐ ☐ ☐ ☐ |

Are any two (2) of the above present?  If YES repeat assessment within 20 to 30 minutes.  If trigger is sustained, CONTACT PROVIDER and consider the following appropriate pathway on the back of this screening tool. Continue with screening every 20 to 30 minutes, as indicated  If “NO”, STOP HERE till next assessment 

Timing of Provider Assessment (for patients with ≥ 2 sustained triggers).  

- Yes  
- No

Additional Comments: Which trigger pathway selected ______________  Was the triggers pathway followed?  

Transferred to ICU?  ☐ Yes  ☐ No  

LOS # Days:________  

**Final status of this patient: (summarize below):**

Signature: _________________  Initials: ____  
Signature: _________________  Initials: ____  
Signature: _________________  Initials: ____  
Signature: _________________  Initials: ____  
Signature: _________________  Initials: ____  
Signature: _________________  Initials: ____  
Signature: _________________  Initials: ____  
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