

CLINICAL PATHWAY

Women & Children



TIME: Triple I to Manage Early- Onset Sepsis



CHRISTIANA CARE
HEALTH SYSTEM

TIME: Triple I to Manage Early-Onset Sepsis

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INTRODUCTION

A definitive and timely diagnosis of maternal chorioamnionitis (Chorio) implies the mother and fetus are at increased risk for developing serious infectious consequences. The clinical diagnosis of "Chorio" is inconsistent, resulting in variation in clinical practice and subsequently unnecessary interventions and treatment of mothers and newborns. A new classification system referred to as the "Triple I" uses criteria that takes into account Intrauterine Infection, Inflammation, or both to reduce variation in diagnosis and treatment. Currently the newborn of a mother diagnosed with "Chorio" is admitted to the NICU to r/o early onset sepsis (EOS). The Kaiser Permanente Sepsis Calculator utilizes maternal risk factors and the newborn's clinical presentation to produce the probability of EOS per 1000 babies. Use of the "Triple I" classification system and "sepsis calculator" can reduce unnecessary testing, treatment and separation of the mother-baby dyad.

Scope of this Pathway

All mothers presenting for delivery at Christiana Care with a 35 week or greater pregnancy who exhibit an elevated temperature of $>$ or $=$ 38 C and her newborn(s).



Pathway Contacts

The content of this pathway is developed and maintained by the Women & Children line of Christiana Care Health System. Questions or feedback about the content may be directed to:

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CLINICAL PATHWAY

TIME - Recognition and Treatment

Assess maternal vital signs, specifically temperature on admission and every 4 hours while in labor, every 2 hours if membranes are ruptured. One elevated fever of 39 C or two consecutive temperatures of 38C take 1/2 hour apart meets criteria of a documented fever.

If documented fever, assess for any of the following symptoms:

- Fetal tachycardia (>160 bpm for 10 minutes)
- Purulent discharge from the cervical os
- Elevated WBC > 15,000

A documented fever in combination with any one of the aforementioned symptoms meets criteria for a diagnosis of suspected Triple I and maternal antibiotics are ordered and administered to reduce the risk of early onset sepsis (EOS) in the newborn.

Early Onset Sepsis - Calculating Risk to the Newborn

After delivery, maternal risk factors (gestational age, highest maternal antepartum temperature, # of hours with ruptured membranes, GBS status, and intrapartum antibiotic administration) are to be entered into the Kaiser Permanente Sepsis Calculator at:

(<https://www.dor.kaiser.org/external/DORExternal/research/InfectionProbabilityCalculator.aspx>)

Follow the calculated clinical recommendations based on the newborn's physical exam.



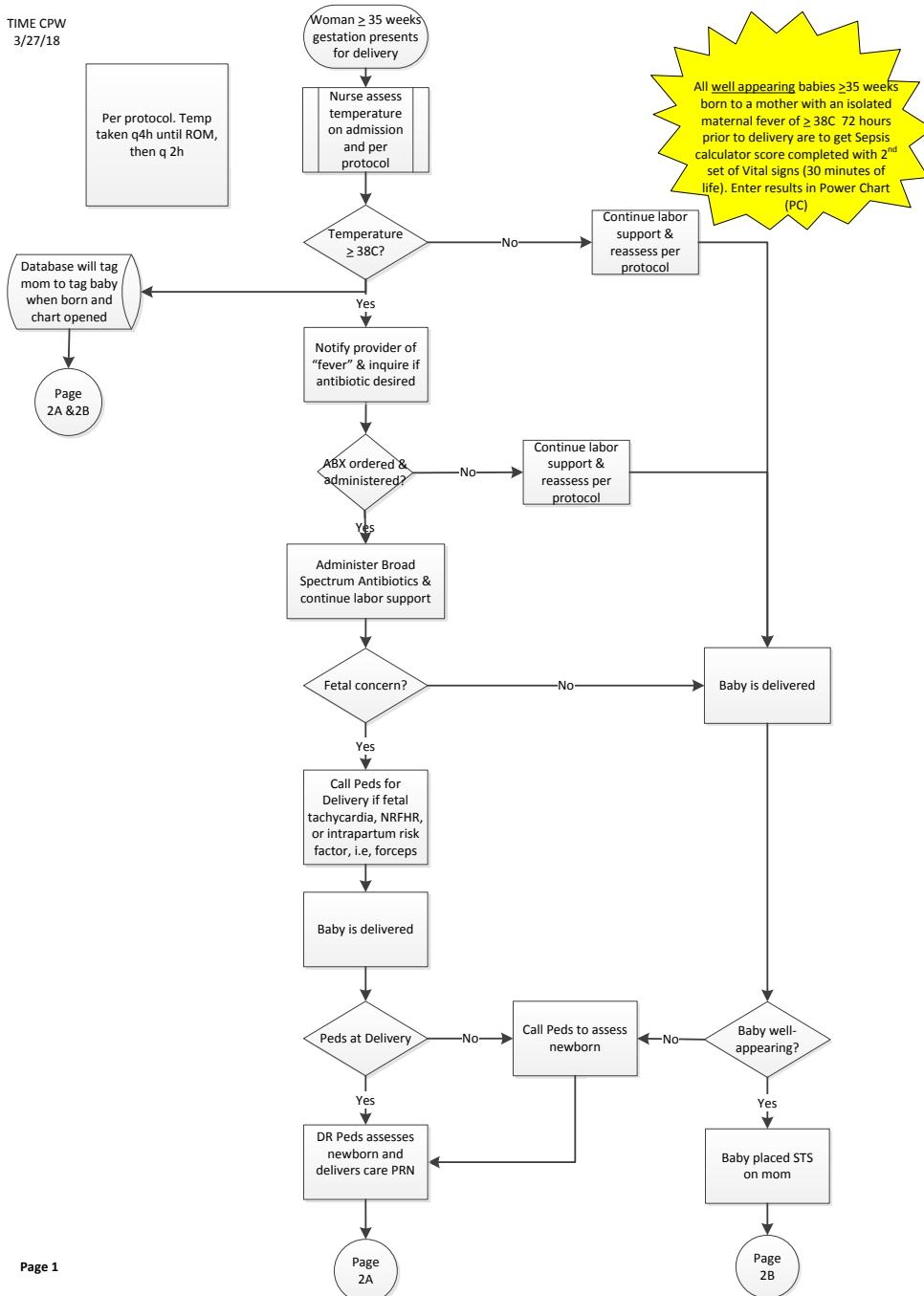
Well appearing and equivocal (transitioning) newborns not requiring empiric antibiotics are to be observed and evaluated every 30 minutes for four hours after delivery. Clinically ill newborns and newborns requiring empiric antibiotics will be stabilized as needed and transferred to the NICU.



PATHWAY ALGORITHMS

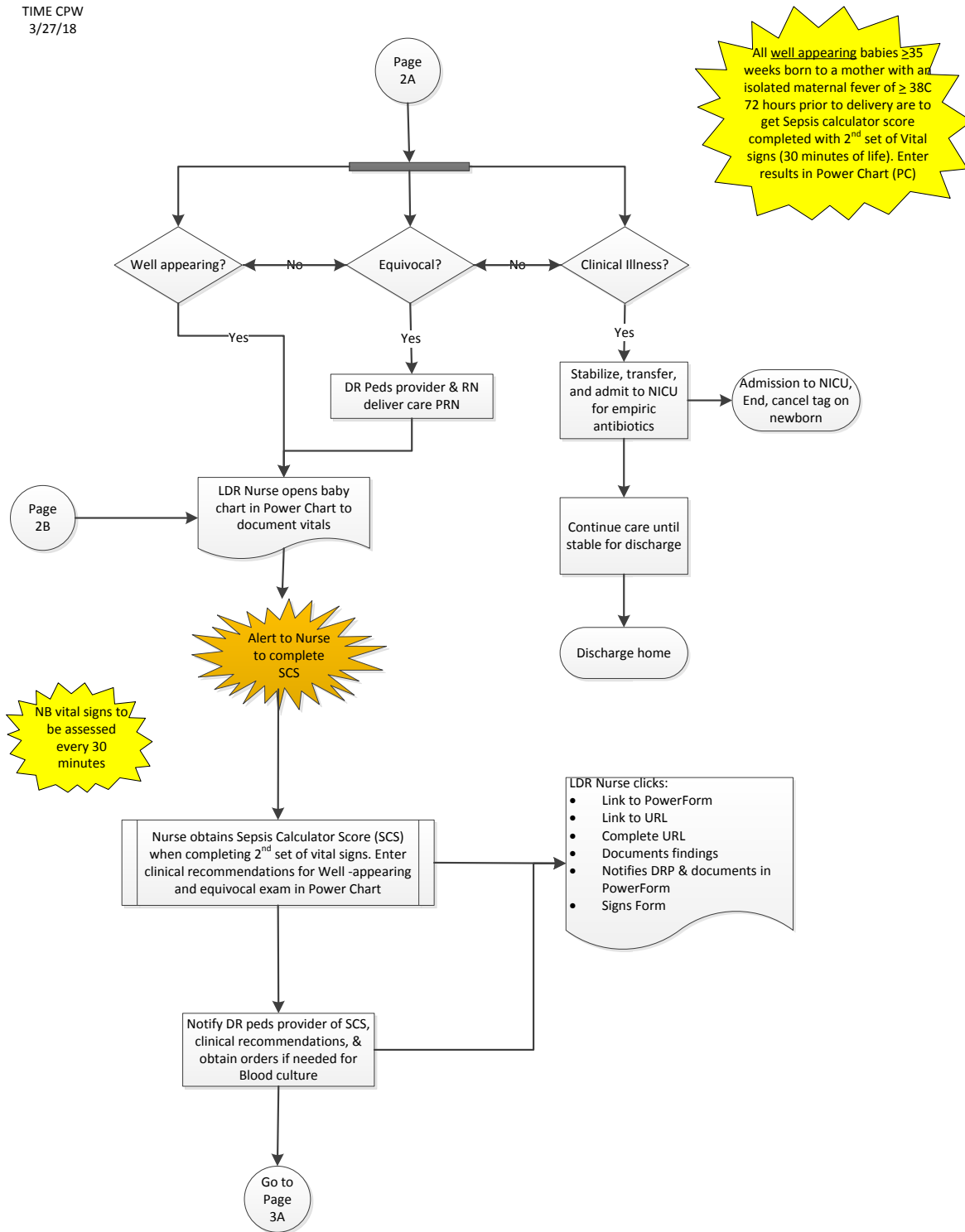
ALGORITHM 1: MOM-1

TIME CPW
3/27/18

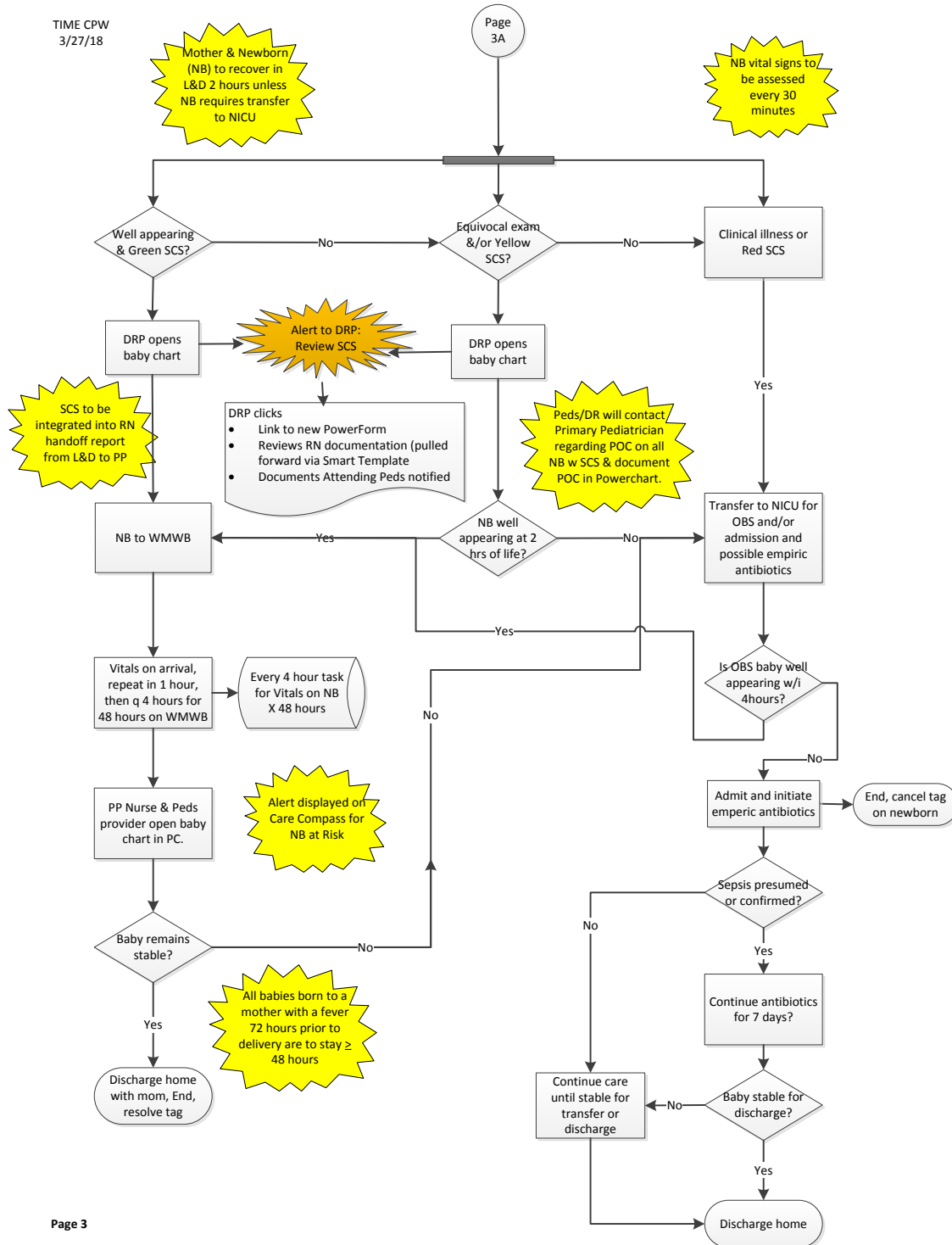


ALGORITHM 2: NB-2

TIME CPW
3/27/18



ALGORITHM 3: NB-3



ALGORITHM 4: CLINICAL EXAM DEFINITIONS

Clinical Exam	Description
Clinical Illness	<ol style="list-style-type: none"> 1. Persistent need for NCPAP / HFNC / mechanical ventilation (outside of the delivery room) 2. Hemodynamic instability requiring vasoactive drugs 3. Neonatal encephalopathy /Perinatal depression <ul style="list-style-type: none"> ▪ Seizure ▪ Apgar Score @ 5 minutes < 5 4. Need for supplemental O₂ ≥ 2 hours to maintain oxygen saturations > 90% (outside of the delivery room)
Equivocal	<ol style="list-style-type: none"> 1. Persistent physiologic abnormality ≥ 4 hrs <ul style="list-style-type: none"> ▪ Tachycardia (HR ≥ 160) ▪ Tachypnea (RR ≥ 60) ▪ Temperature instability (≥ 100.4°F or < 97.5°F) ▪ Respiratory distress (grunting, flaring, or retracting) not requiring supplemental O₂ 2. Two or more physiologic abnormalities lasting for ≥ 2 hrs <ul style="list-style-type: none"> ▪ Tachycardia (HR ≥ 160) ▪ Tachypnea (RR ≥ 60) ▪ Temperature instability (≥ 100.4°F or < 97.5°F) ▪ Respiratory distress (grunting, flaring, or retracting) not requiring supplemental O₂ <p>Note: abnormality can be intermittent</p>
Well Appearing	No persistent physiologic abnormalities



HEALTH EQUITY CONSIDERATIONS

Low Health Literacy will be addressed individually when communicating with the mother and significant other(s).



PATIENT EDUCATION MATERIALS

Upon meeting with the focused patient advisory group, it was learned that there are varying degrees of desired information. Some want to know everything and others just wanted to know the basics. It was decided that information will be conveyed with patients verbally based on their desired level of detail. The patient advisory group shared that this information can be conveyed by the nurse as well as the provider. The mother (and significant others) will be integrally included as part of the care team with the caregivers. Parents are to be empowered and included as part of the team to build and foster trust.



CLINICAL EDUCATION MATERIALS

[TIME Sepsis Calculator Education Presentation](#)

[TIME Private Provider Training Presentation](#)

[TIME PPT Education Presentation](#)

[TIME LDR Nursing Presentation](#)



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THE CHRISTIANA CARE WAY

We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors value.



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