



Regional Order Set

Chorioamnionitis

(Suspected/Presumed or Confirmed)

Page 1 of 2

Last Name:			
First Name (Preferred Name):			
Encounter number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			
PATIENT LABEL			

Allergies: <input type="checkbox"/> None Known <input type="checkbox"/> Unable to Obtain List with Reactions: _____	Weight: _____ kg Height: _____ cm
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Refer to page 2 **10-020-7013 Suspected/Proven Chorioamnionitis Triage Algorithm**

1. CONSULTS

- ☐ Obstetrician (local or on call) ☐ Pediatrician and/or NICU Notification for support
- ☐ Real-Time Virtual Support – Maternity and Babies Advice Line (MaBAL) 236-305-7364 – for rural/remote sites

2. MONITORING

- continuous electronic fetal heart rate monitoring ☐ fetal scalp electrode placement – consider risks/benefits

3. PATIENT CARE

- HR, RR, BP, temperature and oxygen saturation at baseline, then q1h
- assess hourly for signs of sepsis (reference SIRS criteria on page 2)
- insert one #18 gauge cannula IV (consider secondary IV access)
- measure urinary output q1h ☐ insert Foley catheter ☐ in and out catheter
- ☐ send placenta for pathology

4. IV FLUIDS ☐ NS 500 mL IV bolus STAT THEN

- ☐ NS IV at _____ mL/h ☐ NS IV at 125 mL/h ☐ NS IV at 80 mL/h for cardiac or hypertensive patients
- ☐ other fluids _____

5. LABORATORY

STAT (prior to starting antibiotics)

- CBC w/diff • E7 (Na, K, Cl, CO₂, Urea, Cre, Glucose) • serum lactate
- blood cultures x 2 sets taken from different sites ☐ urinalysis with culture (if indicated)

6. MEDICATIONS

Antibiotics (select one option)

- do not administer antibiotics until blood cultures are drawn; if delay in draw, proceed with antibiotic administration
 - discontinue **penicillin-G** if receiving for Group B strep prophylaxis
- seek consult after delivery for continuation of antibiotics postpartum

- ☐ Option 1: (preferred regimen)

ceFAZolin 2 g IV STAT, then q8h *PLUS* **metroNIDAZOLE** 500 mg IV STAT, then q8h

- ☐ Option 2: (if **ceFAZolin** allergic or contraindicated)

clindamycin 900 mg IV STAT then q8h *PLUS* **gentamicin*** _____ mg (2 mg/kg dosing weight) IV once STAT loading dose then, **gentamicin*** _____ mg (1.8 mg/kg dosing weight) IV q8h maintenance dose

* dosing on Total Body Weight (TBW); if TBW greater than 125% ideal body weight

(IBW = 45.5 kg + 2.3 kg [each inch over 5 ft]), use adjusted body weight (AdjBW= IBW + 0.4 [TBW-IBW])

- notify site or on-call pharmacist for ordering and follow up of **gentamicin** levels

Antipyretic

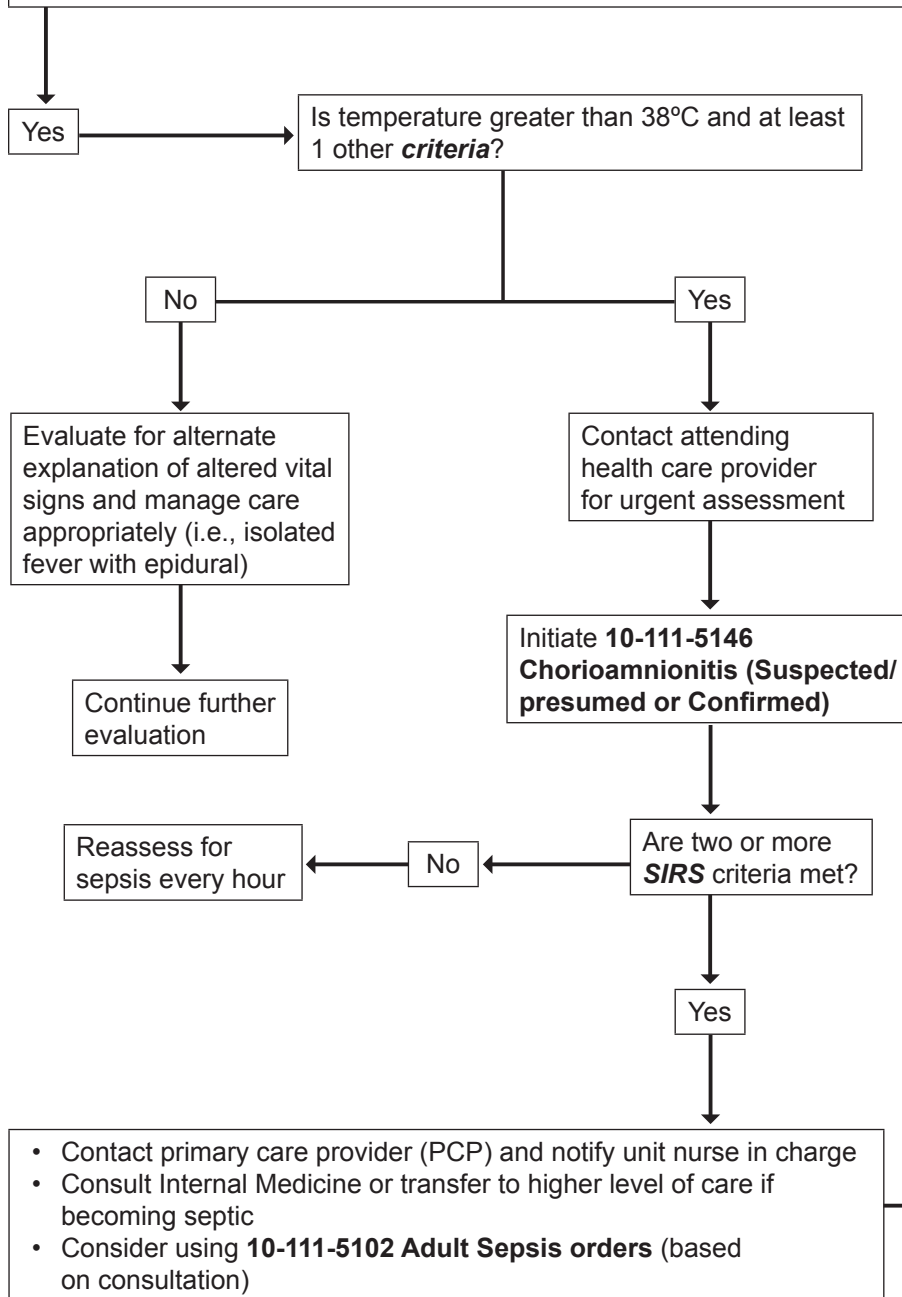
- ☐ **acetaminophen** 1000 mg PO q6h PRN for fever (max 4000 mg/24h from all sources)

Prescriber signature: _____ College ID: _____ Date: _____ Time: _____



Any risk factors for chorioamnionitis?

- Prelabour rupture of membranes (PROM) – longer than 18-24 hours
- Preterm premature rupture of membranes (PPROM) -- consider using **10-111-5388 Preterm Premature Rupture of Membranes orders**
- Multiple vaginal examinations (5 or more)
- Pre-existing infections of the lower genital tract (i.e., Group B Strep)
- Other infections (i.e., pneumonia)
- Prolonged labour



Criteria for chorioamnionitis:

- Temperature greater than 38°C
- Maternal leukocytes (greater than 15 X 10⁹/L)
- Maternal tachycardia (greater than 100 beats/minute)
- Fetal tachycardia (greater than 160 beats/minute)
- Uterine tenderness
- Foul odor or purulent amniotic fluid

Systemic Inflammatory Response Syndrome (SIRS)

- Altered mental status
- Respiratory rate greater than 20 breaths/minute
- Temperature less than 36°C or greater than 38°C
- Heart rate greater than 90 beats/minute
- WBC less than 4 X 10⁹/L or greater than 12 X 10⁹/L

NOTE: Changes to respiratory rate and mental status have been identified as very early indicators of emerging sepsis