

mMOET 4e manual updates

The following are changes made following publication of the mMOET 4e manual. Some of these may be incorporated in reprints, but a full list is included here for completeness.

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| Date | Reprint updates after first publication of 4e |
| n/a | n/a |

| Chapter | Dates of changes noted below |
|--|------------------------------|
| Chapter 1 – Introduction | |
| Chapter 2 – Saving mothers’ lives: lessons from the Confidential Enquiries | |
| Chapter 3 – Structured approach to emergencies in the obstetric patient | |
| Chapter 4 – Human factors | |
| Chapter 5 – Recognising the seriously sick patient | |
| Chapter 6 – Shock | |
| Chapter 7 – Sepsis | February 2025 |
| Chapter 8 – Intravenous access and fluid replacement | |
| Chapter 9 – Acute cardiac disease in pregnancy | |
| Chapter 10 – Airway management and ventilation | |
| Chapter 11 – Cardiopulmonary resuscitation in the pregnant patient | |
| Chapter 12 – Amniotic fluid embolism | |
| Chapter 13 – Venous thromboembolism | |
| Chapter 14 – Resuscitation of the newborn at birth | |
| Chapter 15 – Introduction to trauma | |
| Chapter 16 – Domestic abuse | |
| Chapter 17 – Thoracic emergencies | |
| Chapter 18 – Abdominal trauma in pregnancy | |
| Chapter 19 – The unconscious patient | |
| Chapter 20 – Spine and spinal cord injuries | |
| Chapter 21 – Musculoskeletal trauma | |
| Chapter 22 – Burns | |
| Chapter 23 – Abdominal emergencies | |
| Chapter 24 – Diabetic emergencies | |
| Chapter 25 – Neurological emergencies | |
| Chapter 26 – Perinatal psychiatric illness | |
| Chapter 27 – Pre-eclampsia and eclampsia | |
| Chapter 28 – Major obstetric haemorrhage | |
| Chapter 29 – Caesarean section | |
| Chapter 30 – Abnormally invasive placenta and retained placenta | |
| Chapter 31 – Uterine inversion | |
| Chapter 32 – Ruptured uterus | |
| Chapter 33 – Ventouse and forceps delivery | |
| Chapter 34 – Shoulder dystocia | |
| Chapter 35 – Umbilical cord prolapse | |

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| Chapter 36 – Face presentation | |
| Chapter 37 – Breech delivery and external cephalic version | |
| Chapter 38 – Twin pregnancy | |
| Chapter 39 – Complex perineal and anal | |
| Chapter 40 – Symphysiotomy and destructive procedures | |
| Chapter 41 – Anaesthetic complications in obstetrics | |
| Chapter 42 – Triage | |
| Chapter 43 – Transfer | |
| Chapter 44 – Consent matters | |

| SEPSIS SCREENING TOOL ACUTE ASSESSMENT | | PREGNANT <small>OR UP TO 4 WEEKS POST-PREGNANCY</small> |
|---|--|--|
| PATIENT DETAILS: | DATE: | TIME: |
| | NAME: | |
| | DESIGNATION: | |
| | SIGNATURE: | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold; color: #ffc107;">01</div> <div style="text-align: center;"> <p>START THIS CHART IF THE PATIENT LOOKS UNWELL OR PHYSIOLOGY IS ABNORMAL e.g. MEWS</p> <p>RISK FACTORS FOR SEPSIS INCLUDE:</p> <p><input type="checkbox"/> Recent trauma / surgery / invasive procedure <input type="checkbox"/> Indwelling lines / IVDU / broken skin</p> <p><input type="checkbox"/> Impaired immunity (e.g. diabetes, steroids, chemotherapy)</p> </div> </div> | | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold; color: #ffc107;">02</div> <div style="text-align: center;"> <p>COULD THIS BE DUE TO AN INFECTION?</p> <p>LIKELY SOURCE:</p> <p><input type="checkbox"/> Respiratory <input type="checkbox"/> Urine <input type="checkbox"/> Infected caesarean / perineal wound</p> <p><input type="checkbox"/> Breast abscess <input type="checkbox"/> Abdominal pain / distension <input type="checkbox"/> Chorioamnionitis / endometritis</p> </div> <div style="text-align: center; border: 1px solid black; padding: 5px;"> <p>SEPSIS UNLIKELY, CONSIDER OTHER DIAGNOSIS</p> </div> </div> | | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold; color: #ffc107;">03</div> <div style="text-align: center;"> <p>ANY RED FLAG PRESENT?</p> <p><input type="checkbox"/> Objective evidence of new or altered mental state</p> <p><input type="checkbox"/> Systolic BP \leq 90 mmHg (or drop of $>$40 from normal)</p> <p><input type="checkbox"/> Heart rate $>$130 per minute</p> <p><input type="checkbox"/> Respiratory rate \geq 25 per minute</p> <p><input type="checkbox"/> New need for O₂ (40% or more) to keep SpO₂ $>$ 92% ($>$88% COPD)</p> <p><input type="checkbox"/> Non-blanching rash / mottled / ashen / cyanotic</p> <p><input type="checkbox"/> Lactate \geq 2 mmol/l*</p> <p><input type="checkbox"/> Not passed urine in 18 hours ($<$0.5ml/kg/hr if catheterised) <small>*lactate may be raised in & immediately after normal delivery</small></p> </div> <div style="text-align: center;"> <p>YES</p> </div> </div> | <div style="font-size: 2em; font-weight: bold;">RED FLAG</div> <div style="font-size: 4em; font-weight: bold; margin: 5px 0;">SEPSIS</div> <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">START</div> <div style="font-size: 2.5em; font-weight: bold;">SEPSIS SIX</div> <p style="font-size: 0.8em; margin-top: 10px;">(PTO)</p> | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold; color: #ffc107;">04</div> <div style="text-align: center;"> <p>ANY AMBER FLAG PRESENT?</p> <p><input type="checkbox"/> Acute deterioration in functional ability</p> <p><input type="checkbox"/> Family report mental status change</p> <p><input type="checkbox"/> Respiratory rate 21-24</p> <p><input type="checkbox"/> Heart rate 100-130 or new dysrhythmia</p> <p><input type="checkbox"/> Systolic BP 91-100 mmHg</p> <p><input type="checkbox"/> Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, cerclage, CVs, miscarriage, termination)</p> <p><input type="checkbox"/> Temperature $<$ 36°C</p> <p><input type="checkbox"/> Has diabetes or impaired immunity</p> <p><input type="checkbox"/> Close contact with GAS</p> <p><input type="checkbox"/> Prolonged rupture of membranes</p> <p><input type="checkbox"/> Wound infection</p> <p><input type="checkbox"/> Offensive vaginal discharge</p> <p><input type="checkbox"/> Not passed urine in 12-18 hr (0.5 ml/kg/hr to 1 ml/kg/hr if catheterised)</p> </div> <div style="text-align: center;"> <p>NO</p> </div> </div> | <p>SEND FULL SET OF BLOOD S INCLUDING VBG IMMEDIATE REVIEW BY ST3 OR ABOVE</p> <p>IF ANTIMICROBIALS ARE NEEDED, ADMINISTER AS SOON AS DECISION MADE BUT ALWAYS WITHIN 3 HOURS</p> <p>I have prescribed antimicrobials <input type="checkbox"/></p> <p>YES This patient does not require antimicrobials as:</p> <p>- I don't think this patient has an infection <input type="checkbox"/></p> <p>- Patient already on appropriate antimicrobials <input type="checkbox"/></p> <p>- Escalation is not appropriate <input type="checkbox"/></p> <p>- Other _____ <input type="checkbox"/></p> <p>NAME: _____ GRADE: _____</p> <p>DATE: _____ TIME: _____</p> | |
| <p>NO AMBER FLAGS = ROUTINE CARE / CONSIDER OTHER DIAGNOSIS</p> <p>Interpret physiology in context of individual patient</p> <p>ALWAYS REASSESS IF PATIENT DETERIORATES</p> | |  <p>THE UK SEPSIS TRUST</p> <p style="font-size: 0.8em;">UKST 2024 1.0 PAGE 1 OF 2</p> |