



Emergency Department
ADULT SEPSIS SCREENING TOOL

PATIENT LABEL

Sepsis Suspected (any ONE):



Signs of Sepsis (any TWO):



Organ Dysfunction (any ONE):



SEVERE SEPSIS ALERT
Positive Severe Sepsis Screen

Has Possible Symptoms of Sepsis: New mental status change, severe weakness, fever, chills, cough, SOB, pain w/inspiration, abd pain/distension, diarrhea, frequent or painful urination, headache w/ stiff neck, skin or wound redness/pus, painful/warm/red joint(s),

Recent Procedure: Surgery, endoscopy, biopsy, needle aspiration, or childbirth

Presence of Indwelling Urinary or IV Catheter (central/PICC/dialysis)

Currently Taking Antibiotics or Patient Reports Recent Flu

Fever $\geq 100.9^{\circ}\text{F}$ (38.3°C) or Low Temperature $< 96.8^{\circ}$ (36°C)

Heart Rate greater than 90

Respiratory Rate greater than 20

WBC $> 12,000$ or $< 4,000$ OR any WBC with $> 10\%$ bands

SBP < 90 or decrease in SBP of > 40 points or MAP < 65 (*Note-Hypotension could be indicative of Septic Shock depending on response to IVF)

Acute respiratory failure as evidenced by a new need for mechanical ventilation (BiPAP, CPAP, endotracheal or tracheostomy tube)

Lactate > 2 (*Note- Lactate ≥ 4 is indicative of Septic Shock)

Creatinine > 2 or Urine Output < 0.5 mL/kg /hr for 2 hrs (without chronic renal ds)

Platelet Count < 100 Bilirubin > 2 INR > 1.5 OR PTT > 60 (without blood thinner)

Advance LACTATE & CBC
Order IF 2 or More Present

Notify Physician of Positive Screen for Severe Sepsis

Raise to Triage Level 1

Activate SEVERE SEPSIS ALERT PAGE

Initiate SEVERE SEPSIS CHECKLIST

DATE:

TIME:

SCREENS POSITIVE FOR SEPSIS?

YES

NO

RN Signature

THIS FORM IS A PERMANENT RECORD- KEEP WITH PATIENT CHART
FORM# 109410-mr.Sepsis Screening Tool. (orig. 10/13, Rev... 8/10/2020)



DATE:

PATIENT LABEL

SEVERE SEPSIS-SEPTIC SHOCK CHECKLIST

Time Severe Sepsis or Septic Shock Identified/Screened positive: _____

Time ED Code Sepsis Paged: _____ or Time Rapid Response Team Paged: _____ (inpatient units)

Nurse to complete ALL interventions as quickly as possible and within 3 hours or less:

RN Initials Sign, Date and Time Below 3-HOUR BUNDLE FOR SEVERE SEPSIS (Infection + Positive SIRS + Org Dysfunction)

Initiate Sepsis Narrator in Epic

Physician order: Obtain orders for Severe Sepsis Bundle

FIRST LACTATE RESULT and TIME:

@ _____

IV access x 2: Obtain two 18 g or larger if possible or
 Unable to access, attempted at _____ time

Lactate Sent: Send initial lactate stat if not done already

Attempted but unable to obtain specimen

Patient or Family Member Refused Blood Draw

Blood Cultures Sent: Obtain prior to antibiotics- send 2 sets from 2 sites with 5-8 mL in each bottle

Attempted to draw blood cultures prior to antibiotics, unable to obtain specimen

Patient or Family Member Refused Blood Draw

IV Antibiotic Given STAT:

• DO NOT HOLD ANTIBIOTICS if going to OR, give now

• GOAL: Give 1st antibiotic within 1 hour of severe sepsis identification (give Vanco 2nd due to infusion time required)

1st Set Blood Culture Time: _____

2nd Set Blood Culture Time: _____

Abx: _____ Infusion Time: _____

Repeat Lactate within 3 hours if initial lactate 2.1-3.9

Attempted to draw blood but was unable to obtain

3-HOUR BUNDLE FOR LACTATE > 4 AND/OR INITIAL HYPOTENSION

Initial IV Fluid Bolus Completed:

Administer 30 mL/kg 0.9% sodium chloride or lactated ringer bolus: RAPIDLY INFUSE entire bolus amount over 1 hour

• Monitor for improvement in BP, HR, urine output, etc.

• Document BOLUS START & STOP TIME

• Physician documented contraindication to bolus

Repeat Lactate Sent: If initial LA > 2.0 , send Repeat Lactate IMMEDIATELY AFTER IVF BOLUS

Attempted to draw blood but was unable to obtain

Patient or Family Member Refused Blood Draw

Post-Bolus Vital Signs Recorded:

• Minimum of 2 BPs recorded: IMMEDIATELY and 15-30 min AFTER IVF BOLUS completed

6 HOUR BUNDLE FOR SEPTIC SHOCK

• INITIAL lactate 4 or more OR • Persistent hypotension despite initial fluid bolus

Vasopressors Initiated: Required if hypotensive despite IVF bolus of 30mL/kg

• Requires physician order- Norepinephrine is 1st choice

Physician Documented Post IVF Bolus Shock Re-Assessment Exam:

• Remind physician this must be documented on the Epic Sepsis Interval Assessment

COMPLETE FOR ALL SEPSIS PATIENTS

Final Nurse-Physician Huddle Performed:

• All RN and physician checklist items were completed

Nurse-Nurse Handoff Performed:

RN reviewed checklist items were completed (or communicated in handoff if transferring)

Receiving Unit:

Sepsis Documentation End in Epic Code Narrator & EPIC Event Log Reviewed

Initials RN Signature /Date & Time:

Initials RN Signature /Date & Time:

Initials Inpatient RN Signature / Date & Time (To be signed off by accepting RN upon admission to floor):

Physician Signature/ Date & Time:

Physician Signature/ Date & Time: