



\*EDDOC\*

<b>Date/Time ED Arrival</b> _____	<b>Date/Time Sepsis Identified</b> _____
<b>1. Initial Triage Screening. Does the patient have AT LEAST ONE of the following:</b> <input type="checkbox"/> Suspect new, significant infection*, or recent invasive procedure or indwelling catheter * Suspected sources: Pneumonia, Skin/Soft Tissue, UTI, Wound, Meningitis, Implantable Device Infection, Acute Abdominal Infection, Bone/Joint, Endocarditis, Blood Stream 2. <input type="checkbox"/> <b>NO (STOP screening, re-evaluate after next set of vitals/lab results)</b> <input type="checkbox"/> <b>YES</b>	
<b>3. Initial Triage Screening. Does the patient have AT LEAST TWO of the following: SIRS Criteria:</b> <input type="checkbox"/> Temperature greater than 101.0°F (38.3°C) or less than 96.8° F (36° C) <input type="checkbox"/> Systolic BP less than 90 <input type="checkbox"/> Tachypnea greater than 20 <input type="checkbox"/> Acutely altered mental status <input type="checkbox"/> Tachycardia greater than 90 <input type="checkbox"/> O <sub>2</sub> Sat less than 90% on room air or on O <sub>2</sub> if chronic oxygen use 4. <input type="checkbox"/> <b>NO (STOP screening, re-evaluate after next set of vitals/lab results)</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>SEPSIS Protocol Initiated</b>	
<b>5. IF YES, Immediate Nursing Action per Suspected Sepsis Protocol initiated:</b> <b>Date/Time Started</b> _____ Monitoring: Cardiac, Pulse Oximetry, NIBP (Calculate MAP) $MAP = \frac{SBP + 2 (DBP)}{3}$ _____ Supplemental Oxygen: start at 2 L/nasal cannula to keep SpO <sub>2</sub> greater than 90% _____ IV access _____ Vital signs, including temperature, hourly _____ Blood Culture – draw times 2 and HOLD (Prior to antibiotics) _____ Initial Serum Lactate (draw after culture) - STAT _____ CBC with auto differential - STAT _____ Basic metabolic panel - STAT _____ Liver Profile – draw and HOLD _____ PT, INR,/ PTT – draw and HOLD _____ Antibiotics started PER PHYSICIAN ORDER	
Nurse Signature _____	Date/Time _____
<b>6. RE-EVALUATION in ED after labs or change in vitals</b> _____ Initial Lactate elevated: <input type="checkbox"/> No <input type="checkbox"/> Yes ( <b>Repeat Lactate within 6 hours of presentation if initial Lactate elevated</b> ) _____ Repeat Lactate drawn and sent (within 6 hours) _____ Crystalloid fluids at 30 mL/kg PER PHYSICIAN ORDER (within 6 hours) _____ Vasopressors started for persistent hypotension PER PHYSICIAN ORDER (within 6 hours) SIRS = two (2) or more of the following criteria ( <i>enter date/time for ALL that apply</i> ): <input type="checkbox"/> Temperature greater than 101.0°F (38.3°C) or less than 96.9°F (36°C): <b>Temperature:</b> _____ °F/°C    Date/Time _____ <input type="checkbox"/> Heart Rate greater than 90 beats/minute: <b>HR:</b> _____ /minute    Date/Time _____ <input type="checkbox"/> Respiratory Rate greater than 20/minute: <b>RR:</b> _____ /minute    Date/Time _____ <input type="checkbox"/> Leukocyte greater than 12,000 mm <sup>3</sup> <b>OR</b> less than 4,000 mm <sup>3</sup> <b>OR</b> greater than 10% bands: <b>WBC:</b> _____ mm <sup>3</sup> / %    Date/Time _____	
Nurse Signature _____	Date/Time _____
<b>7. PHYSICIAN DOCUMENTATION in EMR (if hypotensive after fluids or initial lactate greater than or equal to 4 mmol/L)</b> <input type="checkbox"/> Vital Signs Review <input type="checkbox"/> Cardiopulmonary exam <input type="checkbox"/> Capillary refill evaluation <input type="checkbox"/> Peripheral pulse examination <input type="checkbox"/> Skin examination OR, any two of the following: <input type="checkbox"/> Central venous pressure measurement <input type="checkbox"/> Central venous oxygen measurement <input type="checkbox"/> Bedside cardiovascular ultrasound <input type="checkbox"/> Passive leg raise or fluid challenge	
Physician Signature _____	Date/Time _____

Patient Label