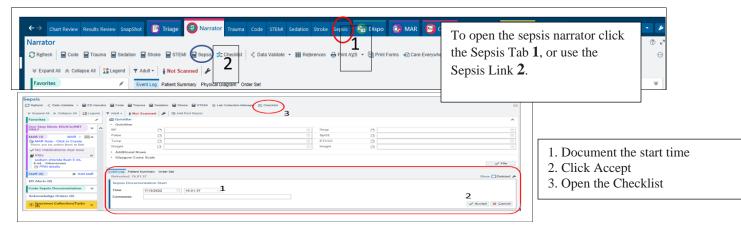
Early Treatment: Code Sepsis and Sepsis Narrator

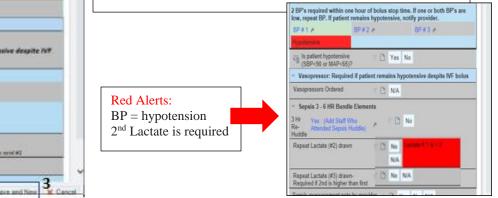
The Sepsis Narrator facilitates the delivery of excellent sepsis care, it should be opened by the RN when a Code Sepsis is initated. Includes a checklist of the SEP-1 bundle elements, team can easily review what has been completed and what still may be required. Visual cues and prompts help the team deliver best practice recommendations for sepsis care.



The Sepsis Checklist:

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- Document Initial Huddle YES link and add staff The Code Sepsis team should review the Checklist. Green = Elements that have been completed. Gray = elements not complete and may be required. To indicate element is complete and turn row green click **JSave and New** after:
- Lactate, Blood Cultures are collected
- Antibiotic administration in MAR
- IVF Start and stop in MAR •
- Vasopressor ordered •
- Documentation YES/NO/NA or via Hyperlinks • such as BP and Huddles



. The Sepsis Narrator "travels" with the patient, DO NOT END the checklist until all elements are complete. The next \mathbf{X} RN will be able to see what has been done and what may still be needed for the patient.

- 1. If the patient meets criteria for **septic shock** the **clinician** must complete a sepsis reassessment note, the row will change to green once it has been completed. Alternatively, the nurse may manually make a selection.
- 2. When all required 3 and 6-hour bundle elements are completed the nurse should document the end to the Code sepsis by clicking Sepsis Documentation End and Save.

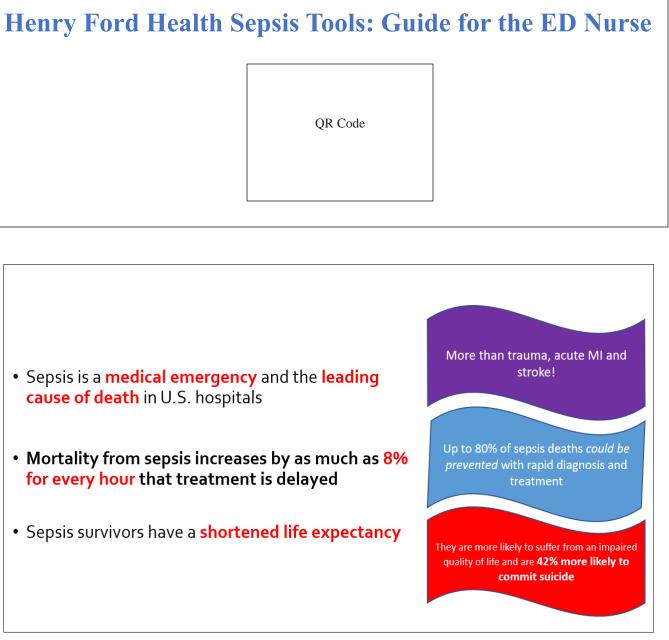
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• Sepsis is a medical emergency and the leading **cause of death** in U.S. hospitals

- for every hour that treatment is delayed
- Sepsis survivors have a shortened life expectancy







Early Recognition and Treatment is important to help prevent death and other devastating outcomes for our patients.

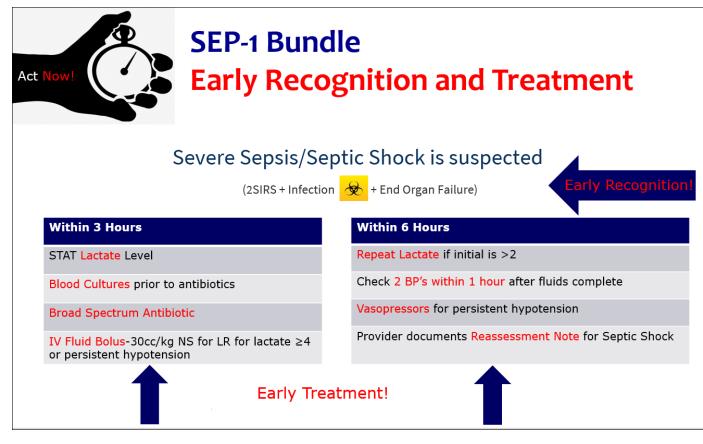


Identifying Severe Sepsis and Septic Shock

Severe Sepsis	Septic Shock
Two or more SIRS (Systemic Inflammatory Response Syndrome)• Temp >38.3° or <36.0°C• Heart Rate >90• Respirations >20• WBC >12,000 or <4,000 or >10% bandsKnown or suspected infectionOrgan dysfunction evidenced by any one of the following:• Lactate >2.0• Systolic BP < 90 or MAP <65• New need for intubation, BiPap or CPAP• Creatinine >2• Total Bilirubin >2• U.O. <0.5mL/kg/hr for 2 consecutive hours• Platelets <100,000• INR >1.5 or PTT >60	Severe Sepsis <i>Plus</i> Lactate ≥ 4 <i>And/or</i> Persistent Hypotension despite 30ml/kg

Management of Severe Sepsis/Septic Shock: SEP – 1 Bundles

The SEP-1 bundle is a set of evidence based best practices that improve **patient care and outcomes**. The bundles are designed to provide the **right care** at the **right time**.



SEP-1 compliance is monitored by CMS and publicly reported.

Early Recognition: Best Practice Advisories (BPAs)

Sepsis BPAs alert nurses that the patients symptoms may be related to sepsis, severe sepsis or Septic Shock

Suspected Sepsis Best Practice Advisory (BPA) : ED

SIRS	Chief Complaint	
Temp of 102.3	Patient presents with Headache	
HR of 122	• Headache • Abdominal Pain	
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Severe Sepsis/Septic Shock BPA

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Early recognition of Severe sepsis and Septic shock allow for early intervention and implementation of the SEP -1 bundles. When a code sepsis is implemented:

- 1. The sepsis team should huddle at the patients bedside to discuss why the code sepsis was initiated, what has been done and what may still be required.
- 2. The nurse should open the Sepsis narrator.

