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.

To open the sepsis narrator click the Sepsis Tab **1**, or use the Sepsis Link **2**.

1. Document the start time
2. Click Accept
3. Open the Checklist

The Sepsis Checklist:

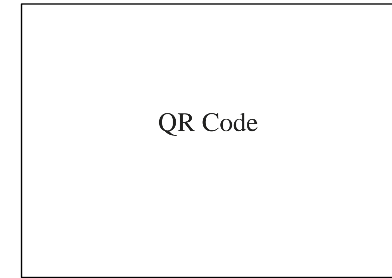
1. Document Initial Huddle – **YES link** and add staff
2. The Code Sepsis team should review the Checklist. Green = Elements that have been completed. Gray = elements not complete and may be required.
3. To indicate element is complete and turn row green click **√Save and New** after:
   - Lactate, 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

Red Alerts:
BP = hypotension
2nd Lactate is required

The Sepsis Narrator "travels" with the patient, **DO NOT END** the checklist until all elements are complete. The next 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**.

Henry Ford Health Sepsis Tools: Guide for the ED Nurse



- Sepsis is a **medical emergency** and the **leading cause of death** in U.S. hospitals
- **Mortality from sepsis increases by as much as 8% for every hour that treatment is delayed**
- Sepsis survivors have a **shortened life expectancy**

More than trauma, acute MI and stroke!

Up to 80% of sepsis deaths *could be prevented* with rapid diagnosis and treatment

They are more likely to suffer from an impaired quality of life and are **42% more likely to commit suicide**

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

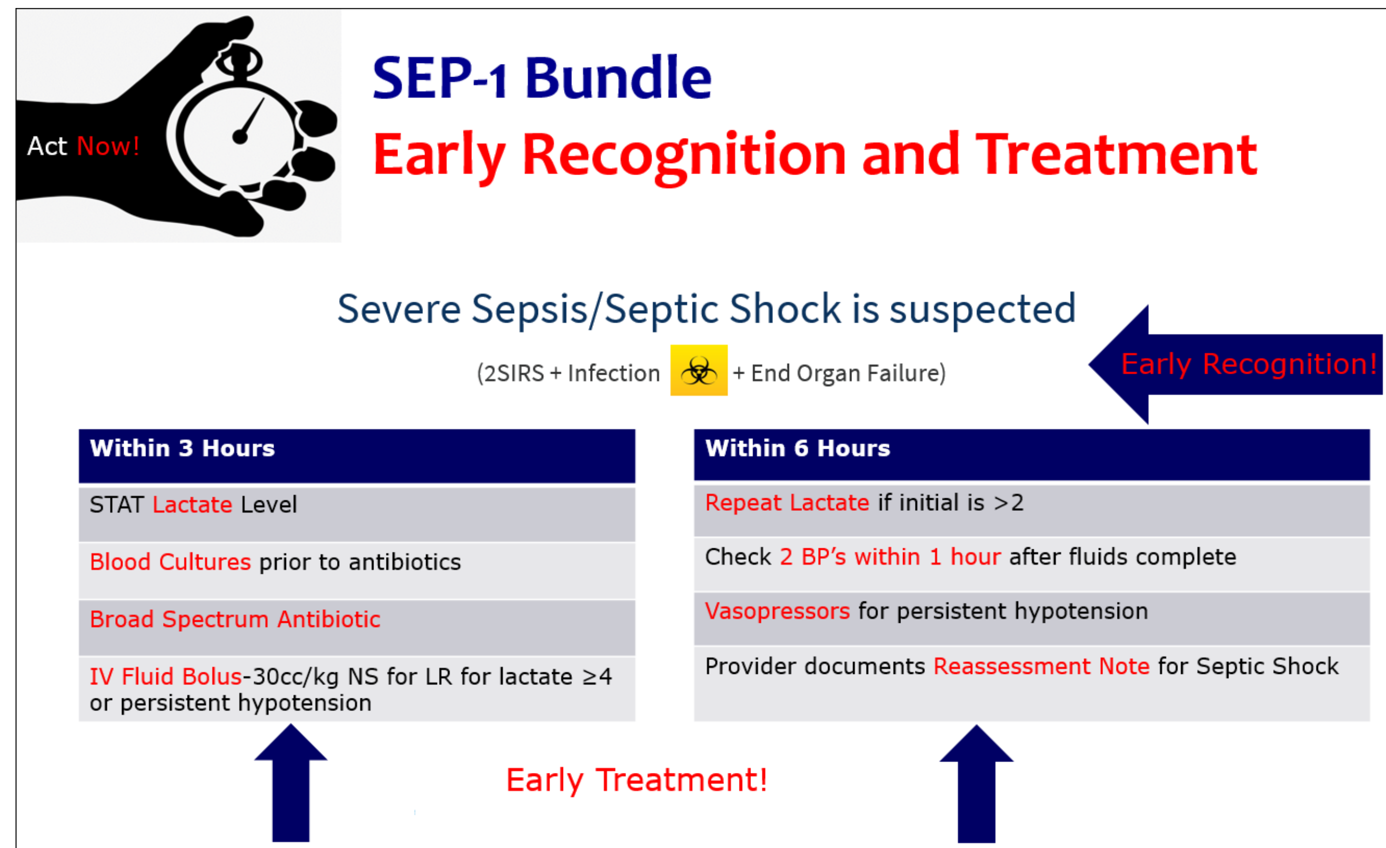
Identifying Severe Sepsis and Septic Shock

(CMS Criteria)

Severe Sepsis	Septic Shock
1. **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% bands 2. **Known or suspected infection** 3. **Organ 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** ***Plus*** **Lactate ≥ 4** ***And/or*** **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

Important (1)
SUSPECTED SEPSIS ADVISORY!
The patient meets criteria for SUSPECTED SEPSIS!

SIRS	Chief Complaint
Temp of 102.3	Patient presents with • Headache • Abdominal Pain
HR of 122	

If an infection is known or suspected, please click on the Open Order Set link below to order the Nurse Driven Sepsis Protocol Orders.

Required Action (PLEASE SELECT ONE):
Open Order Set 1 | Do Not Open | ED Nurse Driven Sepsis Orders Preview
Provider Notification Here
Acknowledge Reason
Suspicion of Sepsis/Provider Notified 2 | Not Providing Direct Patient Care | No Suspicion of Sepsis
Remind me in 5 minutes
Accept 3

JUST ASK! "COULD IT BE SEPSIS?"

Does the patient have suspected or confirmed infection + 2/4 SIRS?

YES

Open the Order Set

Mortality rates **increase** as sepsis evolves

Early Recognition is Key:

If you suspect Sepsis:

Initiate the Nurse Driven Order Set

- HFHS Approved Tier 1 Policy

Do Not collect Labs in Triage

- Labs will be collected by nurse in treatment area

Severe Sepsis/Septic Shock BPA

BestPractice Advisory - Vermont, Unknownb U
Critical! (1)
SEPSIS ADVISORY!
PATIENT AT RISK FOR SEVERE SEPSIS/SEPTIC SHOCK
THIS ALERT FIRED FOR (2 SIRS + 1 ORGAN DYSFUNCTION):

SIRS	End Organ Dysfunction
Temp of 102.2	Non-Invasive SBP of 80/40
HR of 125	

SUGGESTED ACTIONS IF INFECTION KNOWN/SUSPECTED:
Notify ED attending/resident/APPs
Document name of provider notified
If sepsis suspected "Activate code sepsis"
Jump to Sepsis Narrator HERE 3
Acknowledge Reason
No suspicion of sepsis | Remind me in 5 minutes | Not providing direct patient care | Provider notified
Currently being treated for sepsis | Activate "Code Sepsis" 2
Enter Comment
Accept

Does the patient meet criteria for severe sepsis or septic shock?

Suspected/Confirmed infection + 2/4 SIRS + **End Organ dysfunction?**

YES (Follow suggested actions)

1. **Initiate a Code Sepsis:** Notify team to huddle at bedside w overhead page "Code Sepsis Room #"...
2. **Activate Code sepsis on BPA:** Stops the BPA from firing for the remainder of the patient encounter.
3. **Open the Sepsis Narrator**

NO (Acknowledge reason → Accept)

The Severe Sepsis BPA will fire if the patient has signs and symptoms of Severe Sepsis. (2 or more SIRS + at least 1 Organ Dysfunction)

If an infection is suspected or known→

Think Sepsis! Act Now and initiate a CODE SEPSIS!

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.