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SEPSIS & SEPTIC SHOCK CHECKLIST

SEPSIS = Suspicion of infection plus 2 or more SIRS plus organ dysfunction

SEPTIC SHOCK = Sepsis induced hypotension (SBP less than 90mmHg, MAP less than 65mmHg) after fluid resuscitation **or** lactate greater or equal to 4

Early Identification	SEPSIS 3 HOUR		Date: ____/____/____	Comments
	Sepsis Time Zero (must include all three) 1. Suspicion of infection plus 2. 2 or more SIRS plus 3. Organ dysfunction		Time: ____ : ____ Nurse Initial: _____	
	Initial lactate level measured		Time: ____ : ____	
	Result: _____		Nurse Initial: _____	
Treatment	Administration of 30 mL/kg crystalloid fluid bolus		Time: ____ : ____ Nurse Initial: _____	Take 2 complete sets of vital signs & notify provider to perform sepsis reassessment when bolus complete
	Pre-hospital EMS fluids, if any - # mLs _____		Time: ____ : ____ Nurse Initial: _____	
	Blood cultures drawn x 2		#1 Time: ____ : ____ Nurse Initial: _____ #2 Time: ____ : ____ Nurse Initial: _____	
	Broad spectrum antibiotics (started after blood cultures)		Time: ____ : ____ Nurse Initial: _____	
	SEPSIS 6 HOUR BUNDLE		Date: ____/____/____	Comments
Reassessment	Repeat lactate (if initial greater than 2)		Time: ____ : ____	
	Result: _____		Nurse Initial: _____	
	SEPTIC SHOCK 6 HOUR BUNDLE		Date: ____/____/____	Comments
	Septic Shock Time Zero 1. Sepsis induced hypotension (SBP less than 90mmHg, MAP less than 65mmHg) after fluid resuscitation OR 2. Lactate greater than or equal to 4		Time: ____ : ____ Nurse Initial: _____	
	Administration of vasopressors (if hypotension persists after fluid resuscitation)		Time: ____ : ____ Nurse Initial: _____	
Provider to complete reassessment post IVF <u>bolus</u> OR Circle any one of the following and date/time assessment: 1. Measure ScvO ₂ 2. Measure CVP 3. Echocardiogram (cardiac echo or cardiac ultrasound) 4. Provider documentation and order of additional fluid challenge bolus		Date: ____ Time: ____ : ____ _____ Provider Signature _____ Printed Provider Name Date: ____ Time: ____ : ____	Provider must sign, date & time sepsis reassessment in order to be valid.	
RN SIGNATURE			DATE	TIME
RN SIGNATURE			DATE	TIME



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SEPSIS & SEPTIC SHOCK CHECKLIST

SEPSIS PRESENTATION

Criteria from a, b, and c ALL must be met within 6 hours of each other.

- a. Documentation of a suspected source of clinical infection. There may be reference to "possible infection from xx", "suspect infection from xx", or similar reference in progress notes, consult notes or similar physician/APN/PA documentation.
- b. Two or more manifestations of systemic infection according to the Systemic Inflammatory Response Syndrome (SIRS) criteria, which are:
 - Temperature above 38.3 C or below 36 C
 - Heart rate (pulse) greater than 90
 - Respiration greater than 20 per minute
 - White blood cell count above 12,000 or below 4,000 or greater than 10% bands

***Remember to use OB SIRS screening criteria for patients intra- and immediately post-partum**
- c. Organ dysfunction, evidenced by any one of the following:
 - Systolic blood pressure below 90, or mean arterial pressure below 65
 - Creatinine greater than 2 or urine output less than 0.5 mL/kg/hour for 2 hours
 - Bilirubin greater than 2 mg/dL (34.2 mmol/L)
 - Platelet count less than 100,000
 - INR greater than 1.5 or a PTT greater than 60 sec
 - Lactate greater than 2 mmol/L (18 mg/dL)
 - Acute Respiratory Failure with NEW cpap, bipap, or mechanical ventilation

SEPTIC SHOCK PRESENTATION

- a. There must be documentation of sepsis present
- AND**
- b. Tissue hypoperfusion persists after crystalloid fluid administration, evidenced by either:
 - Systolic blood pressure less than 90, or
 - Mean arterial pressure less than 65, or

OR

 - Lactate level is greater than or equal to 4 mmol/L

SEPSIS	SEPTIC SHOCK
WITHIN 3 HOURS OF PRESENTATION:	
1. Measure lactate 2. Blood culture <u>before</u> antibiotics 3. Antibiotics given (ideally within 1 hour) 4. Fluid resuscitation with 30 mL/kg crystalloid	1. Measure lactate 2. Blood culture <u>before</u> antibiotics 3. Antibiotics given (ideally within 1 hour) 4. Fluid resuscitation 30 mL/kg crystalloid
WITHIN 6 HOURS OF PRESENTATION:	
5. If Initial lactate elevated: <i>Repeat Lactate</i> 6. If hypotension persists after initial wt. based fluid bolus (<u>2</u> SBP's less than 90 or <u>2</u> MAP's less than 65): <i>Start Vasopressor</i>	5. If Initial lactate elevated: <i>Repeat Lactate</i> 6. If hypotension persists after initial wt. based fluid bolus (<u>2</u> SBP's less than 90 or <u>2</u> MAP's less than 65): <i>Start Vasopressor</i> AND Repeat volume status and tissue perfusion assessment using either: <ul style="list-style-type: none"> • Documentation by the provider stating 'sepsis re-perfusion assessment completed' <p>OR</p> Any one of the following: <ul style="list-style-type: none"> • Central Venous Pressure (CVP) • Central Venous Oxygen Saturation (ScvO2 or SvO2) <ul style="list-style-type: none"> ◦ <i>Must be obtained from a central line</i> • Echocardiogram (cardiac echo or cardiac ultrasound) • Provider documentation and order of additional fluid challenges

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