

Sepsis program build for Corewell Health South

Patient Lists

Edit List

Open Chart

Add Patient

Remove Patient

Wrap Text

Write Handoff

Work List

Reports

Patient Report

Assignment Wizard

My Lists

30 Day Readmissions

30 Day Readmissions

7 Day Readmissions

Case Management

SJ Cardiac Progressive

SJ Emergency

All Hospital Census

Care Path HF List

COPD Care Path

Dr. Sanam Shah Attending

Example Patient List

ICU Printing

Available Lists

Recent Searches

System Lists

Analytics - Predictive Models

Charlson Comorbidity Index

COVID-19

Deterioration Index

Early Detection of Sepsis

NL Sepsis - Med & High

SJ Sepsis - Med & High

WV Sepsis - Med & High

Risk of Unplanned Readmission

SOFA Scores

Suicide Risk

Care Paths

Case Mgmt/Util Review

Palliative Care

Social Work

Niles

St. Joseph

Watervliet

SJ Sepsis - Med & High 19 Patients

Refreshed just now

Search

Unit	Patient	Early Detection of Sepsis	CHARLSON 10yr Mortality %	Trigger Type	Problem	WBC	Temp	Resp	Lactate	Lactate4	Isolation/Infection	Sepsis Flag
SJ CARDIAC PROGRESSIVE		4.7	0		Diabetic ketoacidosis without coma associated with type 1 diabetes...		36.9 (98.5)	21				
SJ CARDIAC PROGRESSIVE		4.5	0	BPA	Severe anemia	8.2 10*3/uL	36.6 (97.8)	25	! 2....	! 2.6 mmol/L		
SJ CARDIAC PROGRESSIVE		5.5	0	BPA	Septic arthritis (HCC), Hyponatremia	! 36....	36.6 (97.8)	12	1.1 mmol/L			
SJ CRITICAL CARE		39.8	0.009	BPA	Acute respiratory failure with hypoxia (HCC)	! 12....	(!) 38.5 (101.3)	21	! 7...	! 3.7 mmol/L		
SJ CRITICAL CARE		6.8	2.245	BPA	Melena	! 3.5...	36.6 (97.9)	30	1.4 mmol/L	! 4.1 mmol/L		
SJ CRITICAL CARE		9.1							3....	! 3.5 mmol/L		
SJ CRITICAL CARE		23.4							5... mol/L			
SJ CRITICAL CARE		6	2						1 mol/L	1.6 mmol/L		
SJ CRITICAL CARE		4.4	2						9 mol/L			
SJ CRITICAL CARE		6.7	5						4....			
SJ EMERGENCY DEPT		4.3	2									
SJ EMERGENCY DEPT		5.5	7						2....	1.2 mmol/L		
SJ EMERGENCY DEPT		9.6	5						3....			
SJ MED/ONCOLOGY		4.7							4			
SJ MED/ONCOLOGY		4.1	5									

Early Detection of Sepsis

Score calculated a minute ago

View model formula and coefficients

23.4

High

8.3

23.4

About an hour ago

52 minutes ago

A minute ago

Contribution Factor	Value
16% SIRS temperature criterion	met
14% SIRS pulse criterion	met
9% SIRS WBC criterion	met
8% Age	67
7% Procalcitonin	high (106.12 ng/mL)
7% SIRS respirations criterion	met
5% Lymphocytes	low (0.5 10*3/uL)
5% Number of active cephalosporin orders	1
4% Number of incisions	1

24 more factors not shown

Code: FULL (has ACP docs)
Approved Visitor: None
Class: **Inpatient**
Care Paths: Care Path For Sepsis
3Hr Bundle started in ED

«Search»

COVID-19 Vaccine: Overdue for dose 6

COVID-19: Has Labs [redacted]
Isolation: None

[redacted]

Allergies: Seasonal Allergies

ADMITTED: [redacted] (1 D)
Patient Class: Inpatient
Expected Discharge: 2 d
Severe sepsis (HCC)

Ht: 172.7 cm (5' 8")
Last Wt: 74.8 kg (165 lb)
BMI: **25.09 kg/m² !**

Sepsis

Launch Calculator Launch Checklist Sepsis Score Sepsis Overview

Calculate MAP
Jump to Clinical Calculator

Sepsis Sidebar

Jump to Sidebar Sepsis Checklist

Sepsis Scores

Jump to Sepsis Scoring Trends

Sepsis Overview Report

Sepsis Protocols & Guides @Corewell Health Lakeland Hospitals
1: Acute Sepsis Protocol

Vitals from [redacted]

Date/Time	Temp	Pulse	Resp	BP	SpO2
[redacted] 1938	37 °C (98.6 °F)	--	16	100/70	92 %
[redacted] 1544	36.8 °C (98.2 °F)	--	16	107/81	95 %

WBC Results (last 72hrs) Per CMS Sepsis Protocol, >12 or <4 is abno

WBC	0604	1935
	16.5 ^	13.4 ^

Lactate Results (last 72hrs)

Initial Lactate	0604	0220	1935
Repeat Lactate	1.2	2.6 ^	2.0

- Comment

Culture Results (last 72hrs)

[redacted] [redacted] [redacted]

Sepsis

21:29 Since Time Zero
Right click or press F5 to refresh timer.

- ☒ Sepsis Time Zero is Documented Click to Stop Time
- ☒ Blood Cultures Ordered
- ☒ Initial Lactate Ordered
- ☒ Repeat Lactate Ordered
- ☒ Antibiotics Ordered
- ☒ Antibiotics Started
- ☒ 3 Hour Sepsis Note Complete
- ☒ 6 Hour Sepsis Note Complete
- ☒ Has Sepsis DX
- ☐ Sepsis NOT INDICATED Note .SEPSISNOTINDICATED
- Lactate Results (last 72hrs)**
[redacted] 0220
Initial Lactate
Repeat Lact... 2.6 ^
- Comment
- Recent Fluid Admin-24h (Includes NS in base solutions)**
cefTRIAxone 1 g New Bag [redacted] 2025
(Rocephin) 1 g/100 mL in sodium chloride 0.9 %
IVPB (MBP) (g)

Care Paths



☐ Resolved ☐ Deleted Refresh 8:27 PM

Add

Care Path For Sepsis 3Hr Bundle started in ED

[Additional Details](#) [Change Status](#)

Completed 3Hr Note
about an hour ago



Completed 6 Hr Note
about an hour ago



MEDIUM Risk Sepsis Screen



QUESTION #1: SIRS Criteria

- | | | | |
|--|--|---|-----|
| <input type="checkbox"/> Temperature greater than 38.3 C (101 F) | <input type="checkbox"/> Temperature less than 36.0 C (96.8 F) | <input type="checkbox"/> Heart rate (pulse) greater than 90 bpm | ▼ 📄 |
| <input type="checkbox"/> Respiration greater than 20/min | <input type="checkbox"/> WBC greater than 12 k/mcl | <input type="checkbox"/> WBC less than 4 k/mcl | |
| <input type="checkbox"/> Immature Neutrophils count greater than 10% | <input type="checkbox"/> None | | |

QUESTION #2: Are two or more of the above signs and symptoms of infection both present and NEW or WORSENING (last 8 hours) for the patient?

Yes No ▼ 📄

QUESTION #3: Signs of Organ Dysfunction

- | | | | |
|---|--|--|-----|
| <input type="checkbox"/> Delayed Capillary Refill | <input type="checkbox"/> Mottling | <input type="checkbox"/> Altered Mental Status | ▼ 📄 |
| <input type="checkbox"/> SBP <90mmHg or MAP <65mmHg | <input type="checkbox"/> SBP decrease >40mmHg from baseline | <input type="checkbox"/> Lactate >2.0mmol/L | |
| <input type="checkbox"/> Bilirubin >2.0mg/dl | <input type="checkbox"/> INR > 1.5 or a PTT > 60sec | <input type="checkbox"/> Creatinine >2.0mg/dl | |
| <input type="checkbox"/> Platelet count <100 ³ /uL | <input type="checkbox"/> Urine output < 0.5ml/kg/hour over 2 hours | <input type="checkbox"/> None | |

QUESTION #4: Is there at least one of the above signs of organ dysfunction present and NEW or WORSENING (last 8 hours) for the patient?

Yes No ▼ 📄

QUESTION #5: Is the patient's history suggestive of an infection?

Yes No ▼ 📄

Possible Sources of Infection: Pneumonia, Urinary Tract Infection, acute abdominal infections, meningitis, skin/soft tissue infection, bone/joint infection, wound infection, blood stream catheter infection, endocarditis, implantable device, immunocompromised patients, postpartum

QUESTION#6: Were questions 2, 4 & 5 all "Yes"?

- | | | |
|---|--|-------|
| Q2, Q4 and Q5 were "Yes" - Patient meets criteria for Sepsis, Notify Provider | Q2 or Q4 was "Yes" - Patient condition may be declining, Re-Screen in 1 Hour | 📄 ▼ 📄 |
| Negative screen - Continue to monitor | | |

From [Sepsis Protocol for Spectrum Health Lakeland](#):

Were QUESTIONS # 2, 4 & 5 all "Yes"?

> **Patient meets criteria for Sepsis - Notify Provider**

Was QUESTION # 2 or # 4 "Yes"?

> **Patient is potentially declining- Re-screen in 1 hour**

- Use the "Medium Risk Re-Screen" flowsheet in the Sepsis Navigator

If neither of the above is true

> **Screen is Negative**

**"Notify Provider" could be attending, resident, hospitalist or on-call provider.*

① Sepsis Screening MEDIUM RISK Re-Screening



Responsible Create Note

☐ Show Details ☐ Show All Choices

MEDIUM Risk RE-SCREEN for Sepsis



Re-Screen Q1: SIRS Criteria

- ☐ Temperature greater than 38.3 C (101 F) ☐ Temperature less than 36.0 C (96.8 F) ☐ Heart rate (pulse) greater than 90 bpm
- ☐ Respiration greater than 20/min ☐ WBC greater than 12 k/mcl ☐ WBC less than 4 k/mcl
- ☐ Immature Neutrophils count greater than 10 bands (CBC Manual Diff results) ☐ None



Re-Screen Q1: SIRS Criteria

Re-Screen Q2: Are two or more SIRS criteria NEW or WORSENING?

Re-Screen Q3: Signs of Organ Dysfunction

- ☐ Delayed Capillary Refill ☐ Mottling ☐ Altered Mental Status ☐ SBP <90mmHg or MAP <65mmHg ☐ SBP decrease >40mmHg from baseline
- ☐ Lactate >2.0mmol/L ☐ Bilirubin >2.0mg/dl ☐ INR > 1.5 or a PTT > 60sec ☐ Creatinine >2.0mg/dl ☐ Platelet count <100³/uL
- ☐ Urine output < 0.5ml/kg/hour over the last 8 hours ☐ None



Re-Screen Q3: Signs of Organ Dysfunction

Re-Screen Q4: Is there one or more signs of organ dysfunction that is NEW or WORSENING?

Re-Screen Q5: Is the patient's history suggestive of an infection?

Possible Sources of Infection: Pneumonia, Urinary Tract Infection, acute abdominal infections, meningitis, skin/soft tissue infection, bone/joint infection, wound infection, blood stream catheter infection, endocarditis, implantable device, immunocompromised patients, postpartum

Re-Screen Q6: Did Patient's condition change?

From [Sepsis Protocol for Spectrum Health Lakeland](#):**Did the Patient's condition improve on the 1 Hour Re-Screen?**> **Negative Re-Screen, continue to monitor****Did the Patient's condition stay the same or worsen?**> **Patient may be declining - Notify Provider of the Medium Risk Sepsis Alert and the results of your two sepsis screenings****Were QUESTIONS # 2, 4 & 5 all "Yes" on the 1 Hour Re-Screen?**> **Patient now meets criteria for Sepsis - Notify Provider**

*"Notify Provider" could be attending, resident, hospitalist or on-call provider.

HIGH Risk Sepsis Screen

QUESTION#1: SIRS Criteria

- ☐ Temperature greater than 38.3 C (101 F)
 ☐ Temperature less than 36.0 C (96.8 F)
 ☐ Heart rate (pulse) greater than 90 bpm
- ☐ Respiration greater than 20/min
 ☐ WBC greater than 12 k/mcl
 ☐ WBC less than 4 k/mcl
- ☐ Immature Neutrophils count greater than 10%
 ☐ None

QUESTION#2: Are two or more of the above signs and symptoms of infection both present and NEW or WORSENING (last 8 hours) for the patient?

Yes No

QUESTION#3: Signs of Organ Dysfunction

- ☐ Delayed Capillary Refill
 ☐ Mottling
 ☐ Altered Mental Status
- ☐ SBP <90mmHg or MAP <65mmHg
 ☐ SBP decrease >40mmHg from baseline
 ☐ Lactate >2.0mmol/L
- ☐ Bilirubin >2.0mg/dl
 ☐ INR > 1.5 or a PTT > 60sec
 ☐ Creatinine >2.0mg/dl
- ☐ Platelet count <100*3/uL
 ☐ Urine output < 0.5ml/kg/hour over 2 hours
 ☐ None

QUESTION#4: Is there at least one of the above signs of organ dysfunction present and NEW or WORSENING (last 8 hours) for the patient?

Yes No

QUESTION#5: Does the patient have a current documented source of infection or is their history suggestive of a new infection not documented yet?

Yes No

Possible Sources of Infection: Pneumonia, Urinary Tract Infection, acute abdominal infections, meningitis, skin/soft tissue infection, bone/joint infection, wound infection, blood stream catheter infection, endocarditis, implantable device, immunocompromised patients, postpartum

Next Steps for High Risk Sepsis Alert

- ☐ Notify Provider of High Risk Sepsis Alert
 ☐ Call Rapid Response if patient is deteriorating

From [Sepsis Protocol for Spectrum Health Lakeland](#):

Notify Provider of High Risk Sepsis Alert

- If Questions #2, 4 & 5 were all "Yes", notify Provider that the Patient meets criteria for Sepsis
- If the Patient does not meet criteria for Sepsis, notify Provider that the High Risk Alert fired and the results of your screen

Call Rapid Response IF patient is deteriorating with Altered Mental Status and/or MAP <65

IF unable to reach Provider within 15 minutes

Place **STAT** orders per protocol for:

1. Lactic Acid
2. Blood Cultures x2

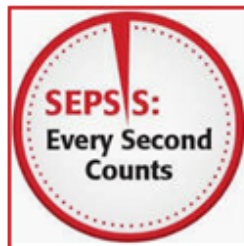
Search Manage Orders for "rn sepsis" and choose the **NURSING SEPSIS PROTOCOL LABS**

*"Notify Provider" could be attending, resident, hospitalist or on-call provider

Provider Notified of High Risk At Time

Name of Provider Notified of High Risk

⚠ Sepsis Advisory - HIGH Risk



This patient meets Early Detection of Sepsis Criteria for:

⚠ HIGH RISK for SEPSIS

Do not assume that these criteria are the result of a condition that is already identified. Assess this patient as soon as possible. If the patient has changed clinically, notify the provider or the rapid response team.

[Click Here for the Sepsis Protocol for Corewell Health Lakeland Hospitals](#)

@SEPSISDETAILS@

Recent clinical data is shown below.

@CLINDOCMULTVITALS@

Do one of the following:

- Click "**Not Primary RN**" if you are not the responsible nurse for this patient
OR

- Click "**Sepsis Care already in progress**" if appropriate

Examples of Sepsis Care already in progress:

- +Patient has a Sepsis diagnosis on their active Hospital Problem List
- +Patient has active orders from a Sepsis OrderSet
- +Provider has documented the 3Hour or 6Hour Sepsis Bundle in a Note

OR

- Click this hyperlink to complete a **HIGH RISK Sepsis Screen**

➦ [COMPLETE A SEPSIS HIGH RISK SCREEN](#)

📄 [View model formula and coefficients](#)

⚠ Acknowledge Reason _____

Not Primary RN

Sepsis Care already in progress

More info needed

✓ Accept

High Priority (1)



! Sepsis Advisory - HIGH Risk



This patient meets Early Detection of Sepsis Criteria for

!! HIGH RISK for SEPSIS

This alert also displays independently to nursing staff, with instructions to screen the patient and contact the attending provider and/or call a rapid response.

[Click Here for the Sepsis Protocol for Corewell Health Lakeland Hospitals](#)

@SEPSISDETAILS@

Recent clinical data is shown below.

@CLINDOCMULTVITALS@

Open Order Set

Do Not Open

IP Sepsis treatment orders- focused [Preview](#)

 [View model formula and coefficients](#)

Acknowledge Reason

Treating Associated Infection

Sepsis care already in progress

Sepsis not indicated

Hospice / Comfort Care

Consulting Physician

More Info Needed

✓ [Accept](#)

! Sepsis Advisory



This patient meets Early Detection of Sepsis Criteria for:

! MEDIUM RISK for SEPSIS

Do not assume that these criteria are the result of a condition that is already identified. Assess this patient as soon as possible. If the patient has changed clinically, notify the provider or the rapid response team.

[Click Here for the Sepsis Protocol for Corewell Health Lakeland Hospitals](#)

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OR

- Click this hyperlink to complete a **MEDIUM RISK Sepsis Screen**

➦ [COMPLETE A SEPSIS MEDIUM RISK SCREEN](#)

📄 [View model formula and coefficients](#)

! Acknowledge Reason _____

Not Primary RN

Sepsis Care already in progress

More Info Needed

✓ [Accept](#)

High Priority (1)



! Sepsis Advisory - MEDIUM Risk



This patient meets Early Detection of Sepsis Criteria for

! MEDIUM RISK for SEPSIS

And **SCREENED POSITIVE** by nursing staff for at least 2 of the following:

- SIRS Criteria
- HX suggestive of infection
- Organ Dysfunction

[Click Here for the Sepsis Protocol for Corewell Health Lakeland Hospitals](#)

@SEPSISDETAILS@

Recent clinical data is shown below.

@CLINDOCMULTVITALS@

Open Order Set

Do Not Open

IP Sepsis treatment orders- focused [Preview](#)

Acknowledge Reason

Treating Associated Infection

Sepsis care already in progress

Sepsis not indicated

Hospice / Comfort Care

Consulting Physician

More Info Needed

✓ **Accept**

Early Detection of Sepsis Predictive Model Workflow

Last Updated: 10/25/19

