

### **Sepsis Definition**

Sepsis is life threatening organ dysfunction caused by a dysregulation host response to infection. The common language when referring to the Sepsis Severity at Munson Healthcare include:

Term	Definition					
SIRS + Infection (This is NOT Sepsis)	Systemic Inflammatory Response Syndrome (SIRS) + suspected infection without organ dysfunction.					
Sepsis	SIRS + suspected infection + organ dysfunction.					
Septic Shock	Sepsis induced hypoperfusion evidenced by persistent hypotension despite adequate fluid resuscitation and/or lactic acid greater than or equal to 4mmol/L.					

### Sepsis Summary

## 1. Sepsis Recognition can occur in multiple ways including:

- a. A nurse Sepsis Screening.
- b. A nurse SIRS, Sepsis, or Septic Shock Alert.
- c. A provider **Open Chart Sepsis or Septic Shock Alert**.
- 2. Sepsis Response:
  - a. Provider orders/launches the Sepsis Advisor.
  - b. Clinical Staff initiates orders.

#### 3. Sepsis Reassessment:

- a. Within one hour of fluid bolus completion, the nurse completes two full sets of vital signs and updates the provider.
- b. **Sepsis Advisor is relaunched** by the provider for addition of orders.

#### Note:

- The system continually monitors patient results and alerts upon recognition of SIRS, Sepsis and Septic Shock.
- SIRS, Sepsis, and Septic Shock Alerts automatically place orders for CBC, CMP, and Lactic Acid if NOT present.
- Alerts and the nurse Screening tool are suppressed for 72 hours after the Sepsis Advisor is ordered unless the patient qualifies for Septic Shock criteria.
- Alerts do not fire for maternity unit patients.



The alerts are displayed on the ED LaunchPoint dashboard next to the patient's name.



#### Sepsis Screening Tool

- 1. Open the Sepsis Screening Tool from the Triage form, a Task, or from AdHoc.
- 2. Select all the boxes that apply for SIRS Screen.
- 3. Select the appropriate response for Infection Screen. Choose Possible suspected, or Known infection or positive culture, if applicable. This does NOT generate a diagnosis as that is outside of nursing scope.
- 4. A positive SIRS and Infection Screen opens the Organ Dysfunction Screen.
  - a. Select organ dysfunction criteria that apply for NEW, acute, or worsening organ dysfunction. For stable patients with chronic issues like chronic kidney disease, choose 'Known or improving organ dysfunction' box.
  - b. One or more signs of Organ Dysfunction will calculate a positive Sepsis Screen.
- Once the Sepsis Action window opens, click Notify the Provider, chart Sepsis
   Provider Notification (this will generate a Provider Notification Task).

- a. Click the 🔼
- 6. Notify the Provider.
- 7. Document the Sepsis Provider Notification task.
- 8. Right click to access the Checklist (see the Sepsis and Septic Shock Checklist section for more details).
- 9. Implement Sepsis orders ASAP.

		<u> </u>	epsis Screeni	ng Tool				
	The purpose of this tool is to facilitate EARLY RECOGNITION & TREATMENT OF SEPSIS THIS TOOL DOES NOT REPLACE CLINICAL JUDGMENT							
	Last 6 Results (in t Temperature 38.9 Oral 38.8 Oral 38.9 Oral	ne last 72 hours) - 08/15/2022 12:30 08/15/2022 12:00 08/15/2022 10:00	Heart Rate 127 08/15/2022 12 125 08/15/2022 12 125 08/15/2022 10	:00 22 08/15/2022 12:00				
	Blood Pressure 105/65 08/15/2022 12 105/65 08/15/2022 12 105/55 08/15/2022 10	00 78	Lactic Acid	White Blood Count           13         08/15/2022 12:41	~			
	SIRS and Infection	Screen						
2	SIRS Screen	None seen     Temp less than 36 or greater the     Heart Rate greater than 90/min     Resp Rate greater than 20/min     WBC under 4 K, above 12 K or	-	,				
3	Infection Screen	None seen     Known infection or positive cult	Possible suspec ure	Sepsis Action - CERNTEST, SUNQUEST KAL		×		
	SIRS and Infection Screen Result	Reference Text - Right click O Negative SIRS and infection so Positive SIRS and infection so O Ongoing SIRS and infection so	reen	Sepsis 5 Intervention C Notly Provider, chart Sepsis Pro		^		
		For Positive SIRS and infect automatic CBC, CMP, Lactic provider PRN		ζ. ζ	_	>		
	Organ Dysfunction	Screen						
4	Organ Dysfunction Screen a	Only select organ dysfunction           organ dysfunction' box           None seen           Known or improving organ dysfu           Systolic blood pressure (SBP) le           Mean Blood Pressure (MAP) let           Mess, Failure: Increasing 0.2 ne	inction /L ss than 90 mmHg s than 65 mmHg	tte, or worsening - otherwise choose 'Known or improvin  Creatinine increase more than 0.5mg/dHno chronic Kidney Dx  Creatinine above 2 mg/dL - no chronic Kidney Dx  Birituting greater than 2 mg/dL  Platelet count less than 100,000 K/ul  aftTirm ethan 60 seconds without anticoagulants  INR more than 1.5 without anticoagulants				
	Sepsis Screet Result	1 or more NEW signs of Org. Organ Dysfunction)     Negative organ dysfunction scr O Positive organ dysfunction - Se O Known or improving organ dysfu	een - No Sepsis ssis	te a positive Sepsis Screen (Sepsis = SIRS + Infection +				
	Focus Note	O Open						

	7 Sepsis Provider Notification										
	Selecting 'Known or ongoing Sepsis' or 'Sepsis NOT suspected' will suppress SIRS & Sepsis Alerts for 72 hours.										
Sepsis SBAR Provider Intervention	Possible Sepsis     Known or ongoing Sepsis     Sepsis NOT suspected	Explanation/Diagnosi given by Provider dur notification									
Provider Notified Date/Time Provider Notified		E	Docume planation/Dia the pro	gnosis given by							
stakt sepsis check right click to access the	LIST anytime 'Possible Sepsis' selected- ie checklist	_									



### SIRS Notification Workflow

## PowerChart/FirstNet detects symptoms consistent with SIRS:

- 1. A SIRS Alert fires to nurses who have an established electronic relationship with the patient.
- 2. Verify the patient's name on the notification.
- Labs automatically placed: CBC, CMP, and Lactic Acid.
- 4. Acknowledge the notification:
  - a. Click SIRS Form if you are the caregiver responding to the alert.
  - b. Click Close and others will continue to receive the alert.

	🚺 Dis	scern Notification Message	—		×
	ę	Subject: Event Date/Time: SIRS Alert 8/3/2022 4:29:16 PM			
		요. 골 👫 명 원 원 옥 ዲ 100% 🕒 🤤 🛇 🏖 🖾 🗐			
2		I <mark>RS alert</mark> for CERNTEST, SUNQUEST KAL, room 2503, with MRN MD0658229 based on riteria:	the fol	lowing	
		HR 122, Temp 38.8, WBC's 13,000			
3	La	abs automatically placed: CBC, CMP, Lactic Acid			
		SIRS Form Close			
		a b Delete		Close	

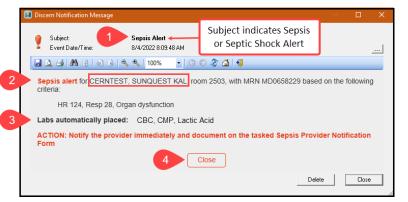
- 5. Selecting SIRS Form will open the SIRS Alert Form.
- Click Assess pt. and look for automatic labs, notify provider PRN.
- If the provider is notified, document notification on the AdHoc Sepsis Provider Notification form.

5	SIRS Alert		
Last 6 Results (in the last 72 hours) -           Temperature           38.9         Oral         08/15/2022 12:30           38.8         Oral         08/15/2022 12:00	Heart Rate 127 08/15/2022 12:30 125 08/15/2022 12:00	Respiratory Rate 22 08/15/2022 12:30 22 08/15/2022 12:00	^
38.9 Oral 08/15/2022 10:00	125 08/15/2022 10:00	22 08/15/2022 10:00	
Blood Pressure         Mean BP (MAP)           105/65         08/15/2022         12:30         78           105/65         08/15/2022         12:00         78           105/55         08/15/2022         10         72	Lactic Acid	White Blood Count 13 08/15/2022 12:41	
Creatinine	Bilirubin Total	Platelet Count 256 08/15/2022 12:41	~
SIRS Alert Assess pt, look for automatic lab	bs, notify provider PRN	]	
Comment		]	
<ul> <li>Automatic lab orders to look for include: CBC,</li> <li>If notifying provider Ad Hoc the 'Sepsis Provide</li> </ul>			

#### Sepsis and Septic Shock Notification Workflow

#### **PowerChart/FirstNet detects symptoms consistent with Sepsis or Septic Shock:**

- 1. A Sepsis or Septic Shock Alert fires to nurses who have an established electronic relationship with the patient.
- 2. Verify the patient's name on the notification.
- Labs automatically placed: CBC, CMP, and Lactic Acid.
- 4. Acknowledge the notification and click Close.
- 5. The Sepsis Provider Notification Task fires to the nurse.
- 6. Notify the provider immediately.
- 7. Document the Sepsis Provider Notification form.





Sepsis Checklist Reference Text

### Sepsis and Septic Shock Checklist

- 1. Available in paper format which can be accessed from:
  - a. The Sepsis Checklist Reference Text order.
  - b. The Sepsis Screening Tool.
  - c. The Provider Notification Task.
- 2. The Checklist assists with the recognition of sepsis, treatment

guidelines, and provides an area to record the dates and times of sepsis tasks completed.

- a. It serves as an SBAR/Hand-off tool to let the next caregivers know what has and has not been completed.
- 3. Send the Checklist with the patient upon transfer to another floor/facility.
- 4. The Checklist will be scanned into the medical record upon discharge.

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t and de indards elly to p ioss the	EQ.DNU Years that are ordered via the Soyis plan within the electronic code softh commented on this checks. Documentation on via fis om noise noise noise are sub- ordered to soft soft codes. The convention on via fis om noise soft soft code of care respired within the ENL, the evidence based best practice recommendation moving outdoore for terms caring for paratient with respiro sorte thock, and to see continuum of care. This document also does not replace care-by-case assessment at healthcare provide.	sede other documentation s in this document are intended rve as a communication tool	PATIENT ID LABEL
	SEPSIS & SEPTIC S	HOCK CHECKLIST	
	= Suspicion of infection plus 2 or more SIRS plus organ dysfunction SHOCK = Sepsis induced hypotension (SBP less than 90mmHg, MAP l		on <b>or</b> lactate greater or equal to 4
uo	SEPSIS 3 HOUR	Date: / /	Comments
Early Identification	Sepsis Time Zero (must include all three) 1. Suspicion of infection plus 2. 2 or more SIRS plus 3. Organ dysfunction	Time: : Nurse Initial:	
rly Ide	Initial lactate level measured	Time:::	
Е	Result:	Nurse Initial:	
	Administration of 30 mL/kg crystalloid fluid bolus	Time:::	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:	
eatment		#1 Time::: Nurse Initial:	

⊿ Patient Care

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### Viewing and Discontinuing Sepsis Advisor Orders

- 1. Sepsis Advisor orders can be viewed in the Orders Flowsheet within the assigned categories of the Navigator.
  - a. Sepsis Advisor orders do NOT appear in the Plans (PowerPlan) section.

NOTE: Nurses cannot order the Sepsis Advisor. Only providers can place the order.

⊿ Radiology

⊿ Laboratory

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2. All Sepsis Advisor orders can be individually discontinued from the Orders Flowsheet.

> Ordered (Exam Or..

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CHEST 1 V

**C-Reactive Protein** 

Urinalysis w/ Culture if Ordered

**RNP** 

Protime

orders riowsheet	Orders Medication List	Document In	Plan					
ator.		Sepsis A	Advisor ord	ers [	All Active Or	ders		~
ear in the Plans	Orders for Signature	do NOT	appear in	the .	\$	8	Order Name	Status
	🗄 Plans 🤟	Plar	ns section.		⇒ Categorized		Order Name	Status
	Document In Plan     Suggested Plans (1)	1 101	is section.			<u>)</u> 2	Sepsis Checklist Reference Text	Ordered
	Orders			⊿ Patie				
	Patient Care					-	Sepsis Advisor	Ordered
	Vital Signs				$\checkmark$	<u>*</u>	2 peripheral IV sites	Ordered
	Activity Diet/Nutrition				<b>~</b>	<u>*</u>	Communication to Nurse	Ordered
	Radiology     Laboratory					2	Nurse to Page Vascular Access Team	Ordered
	Diagnostic Tests					<u>\$</u>	Obtain urine specimen within 30 minutes. If	
	Consults/Referral	s			$\checkmark$	¥. ¥.	Sepsis Call Parameters	Ordered
	Continuous Infusio			•		<u>X</u>	Sepsis Education Task	Ordered
	Medications	ons			$\checkmark$		Sepsis Provider Notification Task	Ordered
	Supplies			⊿ Radio	ology		Notification Task	
y discontinued	Discharge Orders		Rene			2	CHEST 1 V	Ordered (Exam Or
	System Auto-Gen	erated	Nerre	vv				
	Procedures		Mod	ifv	$\checkmark$	¥.2	BNP	Ordered
	Medication History			- C	$\checkmark$	2	C-Reactive Protein	Ordered
			Сору	/				Ordered
STAT, 09/06/22 11:56:00 EDT,	Stop: 09/06/22 11	:56:00 El	Susp	end	ot	Yet Cl	harted	
			Activ	ate				
STAT, ONCE, 09/08/22 10:09:0	00 EDT, Stop 09/08	3/22 10:0	Com	plete				
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STAT, ONCE, 09/08/22 10:09:0	1 1 1			te/Void				
STAT, ONCE, 09/08/22 10:09:0	00 EDT, Stop 09/08	3/22 10:0	5.00 EDT, N	urse e	onect			

### **Results Review: Sepsis Screening Results**

Within the Screening Results section of various flowsheets, users can view the following information:

- a. Recommendation/Action-Crawler Displays system generated Sepsis Alerts.
- b. Sepsis Infection Source Displays Infection Source assigned in the Sepsis Advisor.
- c. Patient shows signs of (Sepsis Advisor) Displays the Sepsis term assigned in the Sepsis Advisor.
- d. Sepsis Dismiss Alert Displays Yes when the provider selects **Open Chart** from Sepsis Alert.

Flowsheet	10/7/2022 12:22 PM EDT	10/7/2022 11:14 AM EDT	10/7/2022 10:50 AM EDT	10/7/2022 10:42 AM EDT
Screening Results				
Recommendation/Action-Crawler				Septic shock *
Sepsis Infection Source		Pneumonia		
Patient shows signs of (Sepsis Advisor)		Septic shock		
Sepsis Dismiss Alert			Yes	