

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:**

- a. Sepsis Screening Tool: Following a positive SIRS/Sepsis nurse Screening nurses are **required** to notify the provider and complete documentation of Provider Notification.

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:

- Positive SIRS or Sepsis Screen automatically places orders for CBC, CMP, and Lactic Acid if NOT present.
- Sepsis Screening tool is suppressed for 72 hours after the Sepsis Advisor ordered.
- Alerts do not fire for maternity unit patients.

Sepsis Screening Tool

1. Open the Sepsis Screening tool from 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 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 the 'Known or improving organ dysfunction' box.**

b. One or more signs of Organ Dysfunction will calculate a positive Sepsis Screen.

5. 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 & Charge Nurse.

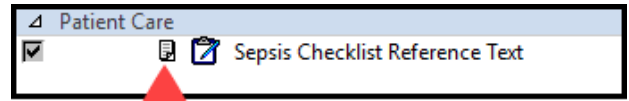
7. Document the Sepsis Provider Notification task.

8. Right click to access the Checklist (see the Sepsis and Septic Shock Checklist section for more details).

9. Implement Sepsis orders ASAP.

Sepsis and Septic Shock Checklist

- Available in paper format which can be accessed from:
 - The Sepsis Checklist Reference Text order
 - The Sepsis Screening Tool
 - The Provider Notification Task
- The Checklist assists with the recognition of sepsis, treatment guidelines, and provides an area to record the dates and times of sepsis tasks completed.
 - It serves as an SBAR/Hand-off tool to let the next caregivers know what has and has not been completed.
- Send the Checklist with the patient upon transfer to another facility.
- The Checklist will be scanned into the medical record upon discharge.



MUNSON HEALTHCARE

Disclaimer: ONLY items that are ordered via the Sepsis plan within the electronic order set/health record should be carried out and documented on this checklist. Documentation on this form does not replace or supersede other documentation standards of care required within the EHR. The evidence based best practice recommendations in this document are intended solely to provide guidance for teams caring for patients with sepsis or septic shock, and to serve as a communication tool across the continuum of care. This document also does not replace case-by-case assessment and clinical decision-making by a licensed healthcare provider.

PATIENT ID LABEL

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

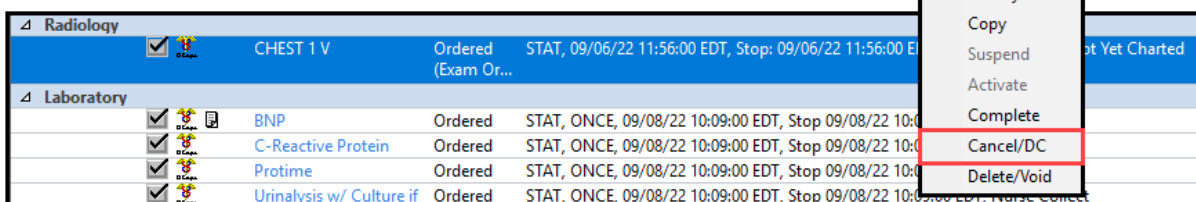
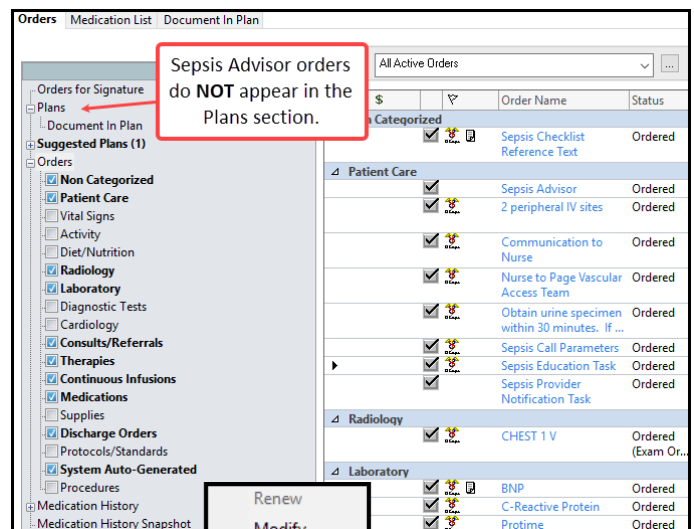
SEPSIS 3 HOUR	Date: / /	Comments
Early Identification		
Sepsis Time Zero (must include all three)	Time: : :	
1. Suspicion of infection plus	Nurse Initial:	
2. 2 or more SIRS plus		
3. Organ dysfunction		
Initial lactate level measured	Time: : :	
Result:	Nurse Initial:	
Administration of 30 mL/kg crystalloid fluid bolus	Time: : :	Take 2 complete sets of vital signs & notify provider to perform sepsis reassessment when bolus complete
	Nurse Initial:	
Pre-hospital EMS fluids, if any - # mLs	Time: : :	
	Nurse Initial:	
	#1 Time: : :	
	Nurse Initial:	
Blood cultures drawn x 2		

Viewing and Discontinuing Sepsis Advisor Orders

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

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

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



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	