

Evaluation for Severe Sepsis Screening Tool

Severe Sepsis = Infection + SIRS + Organ Dysfunction

1. Does the patient have a current presumed (based on signs/symptoms) or documented **infection**?

Pneumonia	Skin/soft tissue infection	Endocarditis
Empyema	Bone/joint infection	Implantable device infection
Acute abdominal infection (N/V/D)	Bloodstream catheter infection	Meningitis
Urinary tract infection	Wound Infection	Other _____

YES ____ NO ____

If **any one** of the above under #1 is present, select YES.

2. Are any **two** of the following signs & symptoms of **infection** both present and not considered to be chronic?

Note: Laboratory values may not be available. Solicit order from MD if needed.

SIRS Criteria

Hyperthermia > 100.4°F
Hypothermia < 96.8°F
Tachycardia > 90 bpm
Tachypnea > 20 bpm
Leukocytosis (WBC count >12,000 uL-1)
Leukopenia (WBC count < 4000 uL-1)

Other Signs/Symptoms

Acutely altered mental status
Hyperglycemia (plasma glucose > 120 mg/dl
in the absence of diabetes
Chills with rigors

Triage Guidelines:

* If 2/4 SIRS criteria &
Yes to #1, "Flag" &
watch closely for
Sepsis.

* If 3 SIRS Criteria &
Yes to #3, consider
transfer to IMCU/ICU

YES ____ NO ____

If **two or more** of the above under #2 is present, select YES.

3. Are any of the following organ dysfunction criteria present and not considered to be chronic or a result of therapy?

SBP < 90 mm Hg or MAP < 65 mm Hg
SBP decrease > 40 mm Hg from baseline
Bilateral pulmonary infiltrates with a new (or increased) oxygen requirement to maintain SpO₂ > 90%
Bilateral pulmonary infiltrates with PaO₂/FiO₂ ratio < 300
Creatinine > 2.0 mg/dl or Urine output < 0.5 ml/kg/hour for > 2 hours
Bilirubin > 2 mg/dl
Platelet count < 100,000
Coagulopathy (INR > 1.5 or PTT > 60 sec)
Lactate > 2 mmol/L

YES ____ NO ____

If **any one** of the above under #3 is present, select YES.

If **YES** to all 3 items above, the patient meets the criteria for possible **SEVERE SEPSIS**.

Consider transfer to IMCU/ICU

*****If a positive screen call an RRT and/or notify the physician immediately.*****

Physician notified of positive screen? Yes Time _____

No Reason: _____

New Orders Received: _____

Transfer to ICU/IMCU Yes No

Additional Fluid Bolus Yes No

Signature _____ Unit or Room: _____ Date: _____ Time: _____

FAITH REGIONAL HEALTH SERVICES
SEPSIS SCREENING TOOL



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PATIENT STICKER

Initial Management of Patient with Severe Sepsis

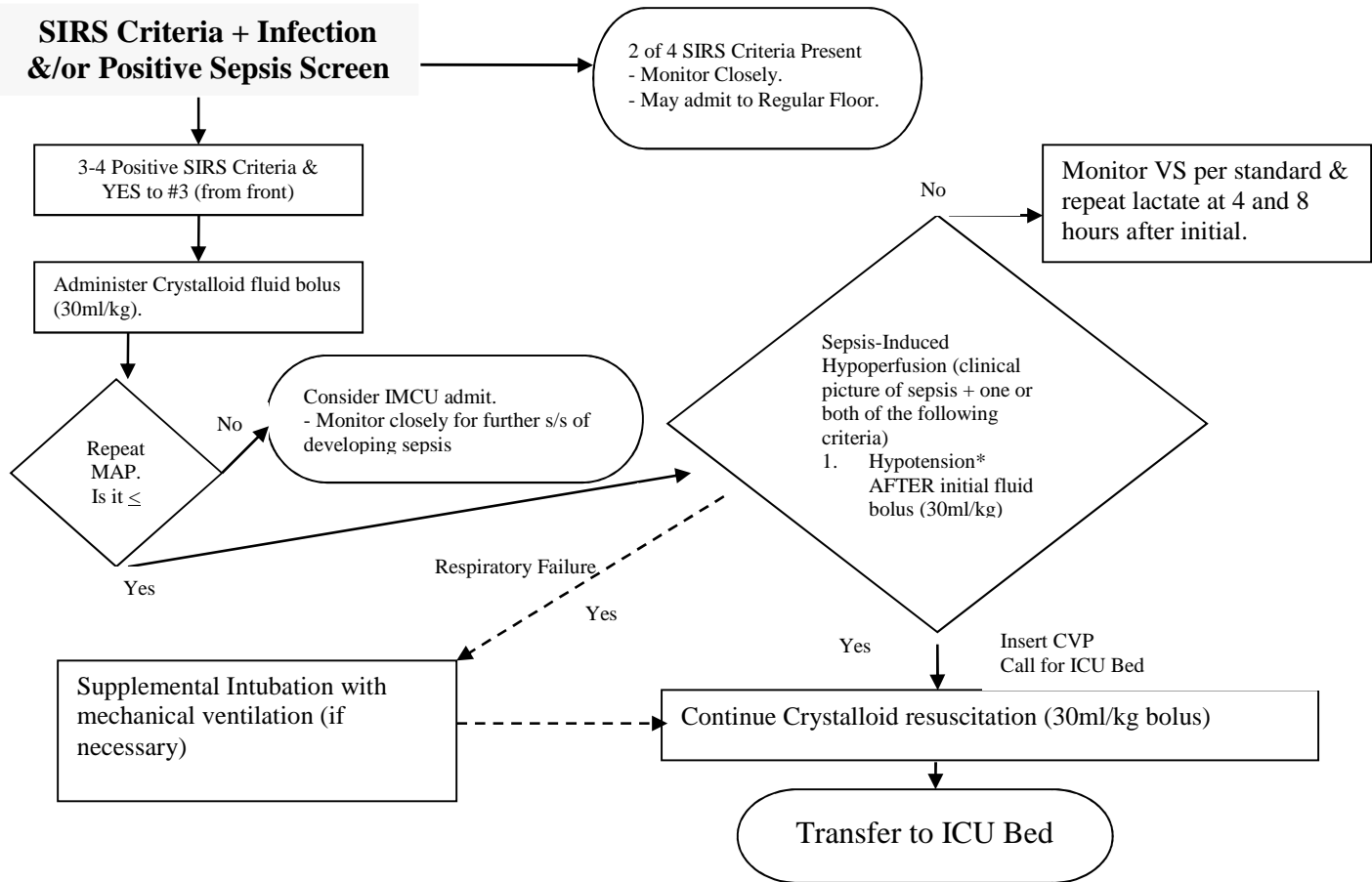
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Severe Sepsis & Septic Shock Resuscitation Goals in First 6 hours:

- Central Venous Pressure 8-12 mmHg
- Mean Arterial Pressure (MAP) ≥ 65
- Urine output ≥ 0.5 ml/kg/hr

Early Identification & Early Appropriate Resuscitation Therapies will save lives.

Time	
	Initial Labs Drawn (CBC, CMP, PTT, PTT, INR, etc.)
	Blood Cultures x 2
	Serum Lactate Result: _____
	Calculate recommended initial fluid bolus: Pt's wt in kg _____ x 30ml = _____ ml Initial fluid bolus required if SBP ≤ 90 mmHg or MAP < 65 mmHg, or Lactate ≥ 4 TOTAL FLUID INTAKE in ED or prior to ICU/IMCU or other admit = _____ ml
	Repeat Fluid Bolus if SBP ≤ 90 or MAP ≤ 65
	Antimicrobials: _____ Started at _____ IV administration within 1 hour of recognition of Septic Shock and severe sepsis without septic shock.
	CVP catheter inserted Insert CVP if MAP < 65 or SBP < 90 mmHg after initial fluid bolus, repeat Fluid bolus if CVP ≤ 8
	Vasopressors: Norepinephrine (Levophed) as first choice with epinephrine added or potentially substituted when adequate blood pressure cannot be maintained. Phenylephrine not recommended except if norepinephrine is associated with serious arrhythmias, if cardiac output is high and blood pressure persistently low, or as salvage therapy when MAP target is not achieved.
	Glucose Control: Goal < 180 mg/dl



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