

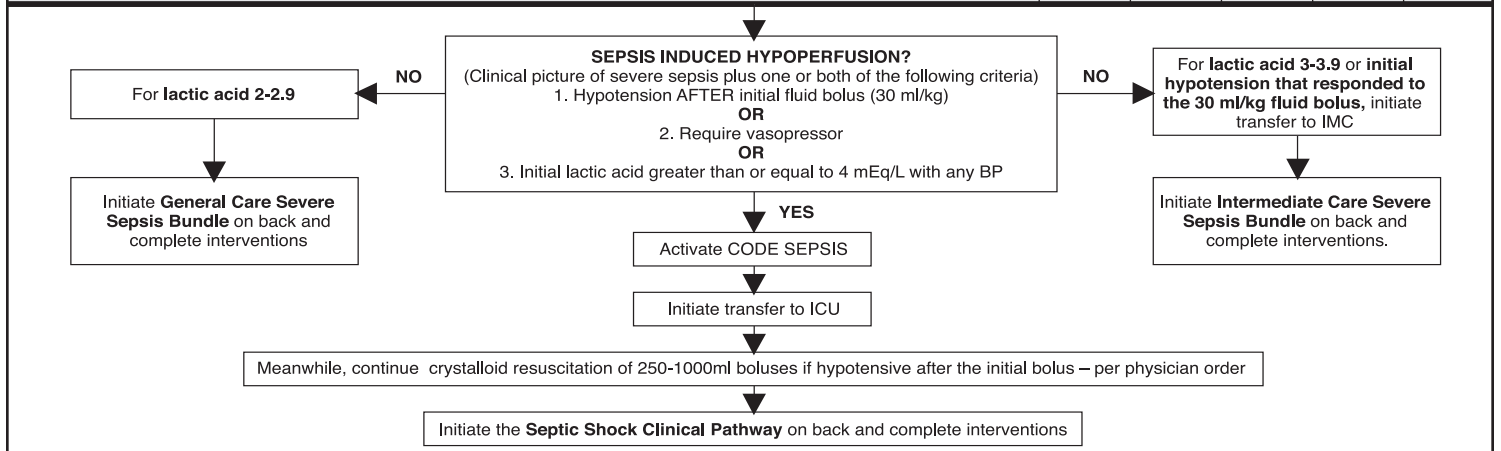
ICU Severe Sepsis Screening Tool

Severe Sepsis = Infection + SIRS + Organ Dysfunction

32011-021 R 1/16 (M)

Directions: The screening tool is for use in identifying patients with severe sepsis. Screen each patient upon admission, once per shift and PRN with change in condition.

	DATE:				
	TIME:				
I. SIRS-Systemic Inflammatory Response Syndrome (two or more of the following) current values:					
Temperature greater than or equal to 101°F or less than or equal to 96.8°F					
Heart Rate greater than 90 beats/minute					
Respiratory Rate greater than 20 breaths per minute					
WBC greater than or equal to 12,000/mm ³ or less than or equal to 4,000/mm ³ or greater than 0.5 K/uL bands (in last 24 hours)					
Negative screen for severe sepsis (Please initial)					
if check two of the above, move to II					
II. Infection (one or more of following):					
Suspected or documented infection					
Antibiotic Therapy (not prophylaxis)					
If check none of above – Negative screen for severe sepsis (Please initial) – answer infection question NO in I-View					
If check one of the above – answer infection question YES in I-View, obtain serum lactic acid per protocol and move to III					
III. Organ Dysfunction (change from baseline) (one or more of the following in an organ system distant from the infection)					
Respiratory: SaO ₂ less than 90% OR increasing O ₂ requirements					
Cardiovascular: SBP less than 90mmHg OR 40mmHg less than baseline OR MAP less than 65mmHg					
Renal: urine output less than 0.5ml/kg/hr; creatinine increase of greater than 0.5mg/dl from baseline					
CNS: altered consciousness (unrelated to primary neuro pathology) Glasgow Coma Score less than or equal to 12					
Hematologic: platelets less than 100,000; INR greater than 1.5					
Hepatic: Serum total bilirubin greater than or equal to 4mg/dl					
Metabolic: Serum lactic acid greater than 2mEq/L					
Negative screen for severe sepsis (Please initial)					
If check one in section III or a severe sepsis alert fires, patient has screened positive for severe sepsis					
1. Call rapid response team					
2. Call physician, physician assistant or nurse practitioner and implement urgent measures protocol.					
3. Initiate or ensure IV access (2 large bore IV's if no central access)					
4. Obtain a venous blood gas (peripheral draw), serum lactic acid, CBC (if it has been greater than 12 hrs since last test), two sets of blood cultures (if greater than 24 hours since last set)					
5. If patient is hypotensive: Give crystalloid (NS) fluid bolus – 30ml/kg over one hour or as fast as possible until hypotension resolved, unless known EF is less than 35% or active treatment for heart failure.					



RN Signature, Initial Date & Time:



* A A 1 5 4 6 *

Severe Sepsis / Septic Shock Clinical Pathway

Room # _____ ICU admission Date: _____ Time: _____

Please complete the following:

- **Time severe sepsis criteria met¹:** Date: _____ Time: _____
- **Time septic shock criteria met²: (Time Zero):** Date: _____ Time: _____

- 1) Severe sepsis criteria: known or suspected infection plus 2 or more SIRS plus new organ dysfunction (see screening tool for organ dysfunction criteria)
- 2) Septic shock criteria: severe sepsis plus SBP less than 90mmHg or 40mmHg decrease from baseline after initial 30 ml/kg fluid bolus or requires vasopressors or initial lactic acid is greater than or equal to 4 MEq/L

Patient with severe sepsis-Implement interventions below within 1 hour:	Decision Grid	Date _____ to _____ 0-6 Hours	Date _____ to _____ 6-24 Hours
<p><input type="checkbox"/> Initial Labs: serum lactic acid, additional labs as ordered by physician</p> <p>_____ Serum lactic acid drawn Time _____</p> <p>Yes No Blood Cultures X 2 Time 1: _____ Time 2: _____</p> <p><input type="checkbox"/> Establish IV access</p> <p><input type="checkbox"/> Broad Spectrum Antibiotic-start after obtain blood culture</p> <p>_____ Time antibiotic hung Time _____</p> <p><input type="checkbox"/> Source Control</p> <p>If lactic acid greater than or equal to 4 MEq/L or SBP less than 90mmHg or 40mmHg less than baseline or MAP less than 65mmHg administer:</p> <p><input type="checkbox"/> 30ml/kg fluid bolus over 1 hour or as fast as possible, unless know EF is less than 35% or active treatment for heart failure (if present, consult physician for speed of bolus)</p> <p>_____ Time 30ml/kg fluid bolus infused Post fluid bolus: Repeat vital signs including temperature; obtain 2 SBP less than 90mmHg, consecutively within the hour to confirm shock</p> <p>Proceed to decision grid.</p>	<p>Yes No Patient with hypotension after initial 30 ml/kg fluid bolus and/or lactic acid greater than 4mEq/L</p> <p>If No, and initial lactic acid greater than 2mEq/L: Repeat lactic acid within 4 hour of meeting severe sepsis criteria <i>Continue screening</i></p> <p>If Yes: Patient meets septic shock criteria <i>Continue to next column (6 hour septic shock bundle)</i></p> <p>_____ Date/Time Septic shock criteria met (Time Zero)</p>	<p>Septic Shock Bundle</p> <p>_____ Time Apply vasopressor immediately for hypotension after fluid bolus</p> <p>_____ Actual Time Re-measure lactic acid if initial lactic acid is greater than 2mEq/L within 4 hours of meeting severe sepsis criteria At _____ (next planned draw time)</p> <p>In the event of persistent hypotension after initial fluid administration (MAP less than 65mmHg) or if initial lactic acid greater than or equal to 4mEq/L, reassess volume status and tissue perfusion and document finding according to below: Between hours 3-6 (at a minimum)</p> <p>_____ Time Repeat focused exam-including vital signs, cardiopulmonary, capillary refill, pulse and skin findings by physician or APP</p> <p>OR two of the following</p> <p>_____ Time Measure CVP</p> <p>_____ Time Measure ScvO2</p> <p>_____ Time Bedside cardiovascular ultrasound</p> <p>_____ Time Stroke volume optimization with passive leg raise or fluid challenge (500 ml over 15 min)</p> <p><input type="checkbox"/> Volume replete</p> <p><input type="checkbox"/> Needs more volume</p>	<p><input type="checkbox"/> Reassess for volume status/tissue perfusion at least every 4 hours</p> <p><input type="checkbox"/> Consider additional vasopressors as necessary</p> <p><input type="checkbox"/> Repeat lactic acid every 4 hours until normalized (less than or equal to 2mEq/L)</p> <p><input type="checkbox"/> Ensure adequate source control</p> <p>Yes No Assess for risk factors for abdominal compartment syndrome (fluid resuscitation greater than 5 L in 24 hours or less)</p> <p>In patients with ARDS (P/F ratio less than 300):</p> <p>Yes No Patient on mechanical ventilator</p> <p>Yes No Is the tidal volume 6ml/kg of ideal body weight in the first 24 hours</p> <p>Yes No Are the static or plateau inspiratory pressures less than 30 cmH2O in the first 24 hours</p> <p>24-72 Hours</p> <p><input type="checkbox"/> Re-assess need for broad spectrum antibiotics based on culture reports</p> <p><input type="checkbox"/> Re-evaluate need for invasive lines and tubes</p> <p><input type="checkbox"/> Resume screening after 72 hours</p>
Nurse			
Nurse			
Physician			
Signature, Date & Time			