

Triage-SPoT=Either HR > SBP or SBP < 100 OR Major Comorbidity OR age > 60 OR infectious complaint (chills, fever, cough, weakness, malaise)

+STAT to a room with telemetry capabilities.

+Notify physician to decide if "code sepsis".

+If there is not a room, make one.

+Call a "code sepsis" overhead -must include **ICU Charge RN, pharmacy, lab, radiology, respiratory.**

+Call Inpatient provider early for admit orders (do not wait until labs are back).

+After first 15-30 minute completion of initial tasks, hand off to Physician, RN team.

+ICU Charge RN ensures sepsis checklist completed and fast bed assignment - coordinator between inpatient and ED settings

+Unit Clerk-call for stat results from lab, RT, radiology

\*clinic pts w/ early sepsis - emergent transfer to ED\*

**Within 15 minutes:**

- Measure lactate
- Obtain blood cultures prior to abx admin
- Admin broad spectrum abx
- Use sepsis order sets
- Administer 30 ml/kg crystalloid for hypotension

**Complete within 6 hours:**

- Apply vasopressors for hypotension if doesn't respond to initial fluid -- Goal: maintain MAP >65
- If persistent MAP <65 or initial lactate >4, re-assess volume status and tissue perfusion - continue fluid resuscitation
- Recheck lactate if initial lactate elevated



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**ED CHECKLIST FOR SEPSIS - TO ORGANIZE AND ENHANCE BEDSIDE CARE**

**Goal: To expedite completion of critical tasks & admission to ICU.**

1. First 15-30 minutes
  - Screen patient for spot sepsis criteria, Physician decides to call "Code Sepsis".
  - Establish 2 large bore IV's, 30CC/kg initial fluid bolus over 30'
  - Sepsis order set/ Draw Labs/ Lactate/ Blood Culture
  - Start antibiotics- use TMC Antimicrobial guidelines for suspected source ( see desktop share drive )
  - VS q 15' report to physician
2. 30 minutes - 3 hours
  - Re-evaluate perfusion and volume status
  - Continue fluid resuscitation as appropriate (make sure patient fluid responsive/not in ARDS)
  - Recheck Lactate at 3 hours (goal >10% clearance)
  - Pressors f MAP <65 despite adequate volume (initiated pressor of choice is norepi)
  - Facilitate ICU transfer
  - Accomplish ancillary studies/ review of lab for findings