

Adult Sepsis Bundle Worksheet

Discuss worksheet progress in RN handoff upon admission

This is not part of the patient record. All nursing activities and interventions must be documented in the EMR.

PLACE PATIENT
STICKER HERE

| | | | | |
|---|--|----------------------|--------------------------|---|
| <p>Severe Sepsis Recognition</p> <p>1. Known or suspected source of infection: _____</p> <p>2. Signs of possible sepsis (at least 2)</p> <ul style="list-style-type: none"> • Temperature > 38.3°C or < 36°C • Tachycardia > 90 bpm • Tachypnea > 20 bpm • WBC > 12,000/mm³ or < 4,000/mm³ or immature forms > 10% <p>3. Acute Organ Dysfunction Criteria (at least 1)*:</p> <ul style="list-style-type: none"> • SBP < 90 (or 40 points lower than patient's normal) or MAP < 65 • Respiratory failure (evidenced by a new need for invasive or non-invasive mechanical ventilation) • Creatinine > 2.0 mg/dL • Urine output < 0.5 mL/kg/hr for > 2 hr • INR > 1.5 or PTT > 60 secs • Platelet count < 100,000/mcL • Lactate > 2 mmol/L • Total bilirubin > 2 mg/dL <p><small>*Organ dysfunction associated with pre-existing chronic conditions should not be considered as meeting acute organ dysfunction criteria (e.g. Creatinine > 2.0 mg/dL in end-stage renal disease).</small></p> <p style="text-align: center;">Treatment Considerations</p> <ul style="list-style-type: none"> • IV fluids IV fluids may vary based on actual vs. predicted body weight or a provider order (with the new fluid amount and the reasoning for its use in the provider documentation). • Antibiotics Antibiotics should be ordered according to the recommendations represented in the power plans. <ul style="list-style-type: none"> • For severe sepsis, antibiotics should be ordered <2 hours from ED arrival. • For septic shock, antibiotics should be ordered <1 hour from ED arrival. • Use source targeted antibiotics within the timeline if possible; if source unknown, use broad spectrum antibiotics. <p>Consider viral PCR testing when appropriate due to seasonality or local factors.</p> | <p>Severe Sepsis and Septic Shock Resuscitation 3-Hour Bundle To be completed within a maximum of 3 hours from sepsis presentation time</p> | | | |
| | Presentation time: | Enter ER triage time | 3-hour goal time: | Enter time 3 hours from ER triage |
| <input type="checkbox"/> | Draw serum lactate | Initials | Time | Lactate result: _____ mmol/L |
| <input type="checkbox"/> | Draw blood cultures (prior to antibiotics) | Initials | Time | |
| <input type="checkbox"/> | Give antibiotics intravenously | Initials | Time | |
| <input type="checkbox"/> | Isotonic crystalloid (30 mL/kg) given over <90 min for those with: <ul style="list-style-type: none"> • SBP <90 mm Hg OR • MAP <65 mm Hg OR • Decrease in SBP by >40 mm Hg OR • Initial lactate ≥4 mmol/L | Initials | Time | Actual body weight: _____ kg X 30 mL/kg of isotonic crystalloid = _____ mL administered over less than 90 minutes (if BMI >30 may use 30 mL/kg predicted body weight) |
| <input type="checkbox"/> | Check BP every 15 minutes while in ED | Initials | Time | |
| <p>Severe Sepsis and Septic Shock Treatment 6-Hour Bundle To be completed within a maximum of 6 hours from presentation time for persistent hypertension (MAP < 65 mm Hg within an hour after 30 mL/kg isotonic crystalloid bolus completion) OR initial lactate ≥4 mmol/L</p> | | | | |
| | Presentation time: | Enter ER triage time | 6-hour goal time: | Enter time 3 hours from ER triage |
| <input type="checkbox"/> | Repeat lactate (if initial lactate > 2 mmol/L) | Initials | Time | Lactate result: _____ mmol/L |
| <input type="checkbox"/> | Vasopressors if SBP or MAP remain low after fluids (preferentially start norepinephrine at 0.02 mcg/kg/min) | Initials | Time | |
| <p>Perform ONE of the following 3 options if SBP or MAP remain low after fluids OR Lactate ≥4 mmol/L:</p> | | | | |
| <input type="checkbox"/> | Document a focused clinical exam including 5 of 8 exam elements. (List on right.) <p style="text-align: center;">OR</p> | Initials | Time | Document focused clinical exam of 5 of the following 8: • SaO ₂ % • Capillary refill • Cardiopulmonary assessment • Peripheral pulses • Skin color or condition • Urine output • Vital signs • Shock index = (HR in BPM)/(SBP) |
| <input type="checkbox"/> | State that a sepsis-focused clinical exam has been performed. <p style="text-align: center;">OR</p> | | | |
| <input type="checkbox"/> | Perform any ONE of the list below: 1. CVP measurement 2. ScvO ₂ measurement 3. Bedside cardiac and IVC US with documentation 4. Passive leg raise OR fluid challenge with SVI% change | Initials | Time | • CVP result: _____ • ScvO ₂ result: _____ % • Cardiac and IVC US done: _____ • Passive leg raise done, SVI% change: _____ % • Fluid challenge, volume _____ mL and SVI% change: _____ % |
| <p>Severe Sepsis and Septic Shock 24-hr Maintenance Bundle Not part of SEP-1 reporting; To be completed in the ICU</p> | | | | |
| <input type="checkbox"/> | 1. Glucose management: Target 90 – 180 mg | | | |
| <input type="checkbox"/> | 2. Stress-dose steroids if on high-dose vasopressors: Hydrocortisone (50 mg IV Q6) | | | |
| <input type="checkbox"/> | 3. Lung-protective ventilation: Target Vt 6 mL/kg (4 – 8 mL/kg) maintain P _{plat} <30 cm H ₂ O | | | |

