

## Sepsis Committee

March 1, 2017

1. Rapid Response Order set – education and implementation date Review
2. ED Triage modified SIRS
3. CPOM – Dan report on sepsis order set usage and add to all favorites?
4. RT – Lab Missed Lactate results
5. Ohio Sepsis Mortality goal is 14.9% , Septic Shock Mercy at 24.9% 2016, 10% January 2017. Severe Sepsis/Septic Shock Mercy 14.36% 2016. January 2017 5.76%
6. Nursing assessment and identification, triggers on smart boards?
7. Sound Physicians sepsis is a quality indicator
8. Data Review- YTD data and most common OFI issues.

- Quality
- E.D. Docs
- Hospitalist
- Intensivists.
- Resp. Therapy
- Lab
- It.
- Pharmacy
- ICU
- Nursing
- Nursing Ed.

WRITE ALLERGIES IN THIS AREA

Weight	ALL ORDERS TO BE SIGNED FOR WHEN ORDERED, AND DISCONTINUED. PLEASE USE BLACK BALL POINTPEN.
Date	<b>RAPID RESPONSE TEAM STANDING ORDERS</b>

Hospital Provided ACLS Protocols may be initiated without consultation of an MD

**CARDIOVASCULAR: Acute Coronary Syndrome (ACS)**

- Obtain STAT EKG  If STEMI – Call Cardiac Rapid Response
- Initiate cardiac monitoring via portable defibrillator if patient is not currently being monitored
- Initiate O<sub>2</sub> therapy and titrate treatment to keep oxygen saturation greater than 93%
- Initiate continuous pulse oximetry

Obtain the following labs STAT:

- CK-MB and Troponin-1
- Potassium
- CBC
- BMP
- Ionized and total calcium
- PT/PTT

**IV THERAPY:**

- If patient has a patent IV running, continue with current therapy.
- If patient IV is "hep-locked," check patency and begin IV therapy of Normal Saline at 10mL hour.
- If no IV is present or patency of current IV is in question, RN shall insert peripheral IV and begin IV therapy of Normal Saline at 10mL hour.

**SYMPTOMATIC HYPOTENSION:** (Systolic blood pressure of less than 70 or greater than 40mm Hg  
Decrease in systolic pressure from baseline)

- Utilize Modified Trendelenburg position by elevating patient's legs while leaving patient's upper body flat or moving patient's upper body to a flat position.
- Remove topical medications that may cause hypotension.  
*Examples would include Nitroglycerin patch/paste, Duragesic or Catapres patch.*
- Hold antihypertensive medications until physician has been consulted.  
*Examples would include calcium channel blockers, ACE inhibitors, diuretics, rate and contractility medications such as digoxin, etc.*
- Initiate cardiac monitoring via portable defibrillator if patient is not currently being monitored.
- Administer 1,000mL bolus of Normal Saline running at 1,000mL per hour.



RAPID RESPONSE TEAM  
STANDING ORDERS

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Weight

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Date

**RAPID RESPONSE TEAM STANDING ORDERS**

**RESPIRATORY: Respiratory Distress:**

If the patient is in respiratory distress of any kind, the RRT shall:

- Initiate O<sub>2</sub> therapy and titrate treatment to keep oxygen saturation greater than 93%.
- Initiate BIPAP Protocol Guideline if applicable.
- Initiate continuous pulse oximeter.
- Obtain a STAT ABG.
- Obtain a STAT portable chest x-ray.
- A one-time PRN breathing treatment may be administered if patient previously had breathing treatments ordered where the order has expired as recommended by the Respiratory Therapist.

**GI/GU: Inability of patient to void**

- RN may insert Foley catheter if patient is unable to void and volume of patient's bladder is greater than 250ml as confirmed by bladder scan.

**LABORATORY: Suspected/active bleeding**

- CBC
- INR
- PT/PTT
- Blood Sugar Finger Stick
- Type and Screen
- Mg
- Ammonia

**NEURO**

- Stroke Scale
- R/O criteria for TPA
- Call Stroke Care
- Stat Neuro Consult (call prior to CT)
- Stat CT Scan of Brain – no contrast
- Labs: CBC, BMP, PT/INR, PTT, Glucose, Troponin

**Change in LOC:**

- Narcan 0.4mg IV. May repeat X 1 dose.
- If Narcan used, patient must be transferred to a Critical Care Unit unless deemed unnecessary by a physician

**Suspected Sepsis:**

- Lactic Acid
- Sepsis Screen
- ABG/PEGLA



**MERCY**  
MEDICAL CENTER

**RAPID RESPONSE TEAM  
STANDING ORDERS**

Date: \_\_\_\_\_ Room#/Location: \_\_\_\_\_ Time Called: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Event Ended: \_\_\_\_\_

**Primary Reason for Call:**

- Staff concerned/worried about the patient  
Specify: \_\_\_\_\_
- HR less than 40  HR greater than 130
- SBP less than 90 mmHg  Acute Mental status change
- RR less than 8  RR greater than 24
- SpO<sub>2</sub> less than 90% despite O<sub>2</sub>  Suspected Sepsis
- Acute change in urine output <50mL in 4 hours if on I/O with Foley
- Acute Stroke/Brain Attack
- Acute Coronary Syndrome – Cardiac Rapid Response

**Recommendations/Interventions:**

- |  |   |  |
|--|---|--|
| <b>Airway/Breathing</b>                            | <b>Circulation</b>                                      | <b>Injury/Acute Blood Loss</b>               |
| <input type="checkbox"/> No intervention           | <input type="checkbox"/> No Intervention                | <input type="checkbox"/> C-Spine/Backboard   |
| <input type="checkbox"/> Oral Airway               | <input type="checkbox"/> Start IV                       | <input type="checkbox"/> Splinting           |
| <input type="checkbox"/> Suctioned                 | <input type="checkbox"/> IV Fluid Bolus                 | <input type="checkbox"/> Bleeding Controlled |
| <input type="checkbox"/> Nebulizer Treatment       | <input type="checkbox"/> Blood                          |  |
| <input type="checkbox"/> CPAP/BiPap                | <input type="checkbox"/> EKG                            |  |
| <input type="checkbox"/> Bag Mask                  | <input type="checkbox"/> Cardioversion                  |  |
| <input type="checkbox"/> O <sub>2</sub> Mask/Nasal | <input type="checkbox"/> Labs                           |  |
| <input type="checkbox"/> ABG                       | <input type="checkbox"/> Foley Catheter                 |  |
| <input type="checkbox"/> CXR                       | <input type="checkbox"/> Cardiac Monitoring/AED         |  |
| <input type="checkbox"/> Pulse Ox                  | <input type="checkbox"/> Initiate Code Blue             |  |
| <input type="checkbox"/> Intubated                 | <input type="checkbox"/> CT Scan of Brain – No Contrast |  |

Medication(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Interventions**

Specify: \_\_\_\_\_  
\_\_\_\_\_

- Outcome:  Stayed in Room  Transferred to ICU  
 Transferred to CCU  Transferred to E.D.  
 Other \_\_\_\_\_  Refused to Transfer  
 Cardiac Care to Cath Lab
- Notified Physician: \_\_\_\_\_ Time: \_\_\_\_\_  
 2<sup>nd</sup> physician appraisal: \_\_\_\_\_ Time: \_\_\_\_\_

For Feedback and/or Concerns contact Shift Manager

**Background/Situation**


**Primary Diagnosis:**


**Assessment:**

Time:			
Temp:			
BP:			
HR:			
RR:			
SpO <sub>2</sub>			
GCS			

Positive Sepsis Screen  Yes  No

- See Reassessment Note in Meditech/Nurses Note
- See Cardiac Rapid Response documentation form

**RESPONSE/FOLLOW-UP REPORT:**

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**Signatures:**

RN: \_\_\_\_\_

RT: \_\_\_\_\_



**RAPID RESPONSE  
TEAM RECORD**

### Sepsis Screen – Rapid Response

Are you concerned that the patient may have developed a NEW infection or the current infection has ESCALATED within the past 48 hours? Yes or No

If yes, the patient MUST meet 2 of the FOLLOWING criteria:  
Please Circle all criteria met:

1. Acute Altered Mental Status
2. Patient is Hyperthermic – Temperature is > 100.9 F or 38.3 C
3. Patient is Hypothermic – Temperature is < 96.8 F or 36.0
4. Heart Rate > 90 bpm
5. Respiration Rate > 20
6. WBC > 12.0
7. WBC < 4.0
8. > 10% Bands (Band Neutrophil % in lab data)

Does the patient meet the Sepsis Criteria? Yes or No

Was the physician notified from the prior sepsis alert within the 48 hours? Yes or No

If the patient meets Sepsis Criteria, AND there have been no PHY alerts within the last 48 hrs, then notify PHY of Suspicion sepsis:

Physician Notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

The first question is required. If yes, THEN the criteria is Required.

If there are 2 or more criteria met then the 3<sup>rd</sup> question is required.

If 3<sup>rd</sup> question is N then the 4<sup>th</sup> question is required along with Dr notified, date and time.

Doctor    
 Description   
 Phy Heading    
 Override Interaction Checking?

Number   
 Active   
 Event

Associated Sets  
 Review Rx Links  
 History  
 Overview

<input type="button" value="Insert"/>	<input type="button" value="Order"/>	<input type="button" value="Medication"/>	<input type="button" value="Link Set"/>	<input type="button" value="Pharmacy Set"/>	<input type="button" value="Reminder"/>	<input type="button" value="Section"/>
<input type="button" value="Remove Highlighted Item"/>			<input type="button" value="Add/Edit Item's Evidence"/>			

Category	Procedure	Procedure Name	Pri	Qty	Date	Time	Ser	Dis	Here
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Orders										
<input type="checkbox"/>	1	SP	PICLINE	PIC LINE		R	T+			
<input type="checkbox"/>		Screens				Physician*				

Consults										
<input type="checkbox"/>	2	CONS	PHY	PHYSICIAN CONSULT		R	T			
<input checked="" type="checkbox"/>		Screens				Emer Dept	Physician*			

<input type="checkbox"/>	3	CONS	PHY	PHYSICIAN CONSULT		R	T+			
<input type="checkbox"/>		Screens				Emer Dept	Physician*			

Sepsis Order Set

Doctor    
 Description   
 Phy Heading    
 Override Interaction Checking?

Number   
 Active   
 Event

Category	Procedure	Procedure Name	Pri	Qty	Date	Time	Ser	Dis	Here
Laboratory									
5	LAB	CBCD	CBC PLATELET AUTO DIFF		S	T	N		
<input checked="" type="checkbox"/>	Screens				Physician*				
6	LAB	CMP	COMP METABOLIC PANEL		S	T	N		
<input checked="" type="checkbox"/>	Screens				Physician*				
7	LAB	ABGP	ARTERIAL BLOOD GAS PANEL		R	T			
<input type="checkbox"/>	Screens			Emer Dept	Physician*				
8	LAB	LA	LACTIC ACID		S	T	N		
<input checked="" type="checkbox"/>	Screens				Physician*				





Doctor    
 Description   
 Phy Heading    
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Number   
 Active   
 Event

**Associated Sets**

<input type="button" value="Insert"/>	<input type="button" value="Order"/>	<input type="button" value="Medication"/>	<input type="button" value="Link Set"/>	<input type="button" value="Pharmacy Set"/>	<input type="button" value="Reminder"/>	<input type="button" value="Section"/>
<input type="button" value="Remove Highlighted Item"/>			<input type="button" value="Add/Edit Item's Evidence"/>			

	Category	Procedure	Procedure Name	Pri	Qty	Date	Time	Ser	Dis	Here
9	LAB	LIVER	LIVER PROFILE	R		T	N			
<input checked="" type="checkbox"/>	Screens			Physician*						
10	LAB	UA	URINALYSIS COMPLETE	S		T	N			
<input checked="" type="checkbox"/>	Screens			Physician*						
11	LAB	PT	PT - PROTHROMBIN TIME	R		T	N			
<input checked="" type="checkbox"/>	Screens			Physician*						
12	LAB	PTT	PTT -PARTIAL THROMBOPLAST TIME	R		T	N			
<input type="checkbox"/>	Screens			Physician*						





Doctor    
 Description   
 Phy Heading    
 Override Interaction Checking?

Number   
 Active   
 Event

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<input type="button" value="Insert"/>	<input type="button" value="Order"/>	<input type="button" value="Medication"/>	<input type="button" value="Link Set"/>	<input type="button" value="Pharmacy Set"/>	<input type="button" value="Reminder"/>	<input type="button" value="Section"/>
<input type="button" value="Remove Highlighted Item"/>			<input type="button" value="Add/Edit Item's Evidence"/>			

	Category	Procedure	Procedure Name	Pri	Qty	Date	Time	Ser	Dis	Here
13	LAB	TRO	TROPONIN I	S		T+	N			
<input checked="" type="checkbox"/>	Screens			Physician*						
<b>Radiology</b>										
14	RAD	CH2	CHEST PA/AP & LATERAL	R		T+1	N			
<input type="checkbox"/>	Screens			Physician*						
15	RAD	CHP	CHEST (PORTABLE)	S		T	N			
<input checked="" type="checkbox"/>	Screens			Physician*						
<b>Cat Scan</b>										
16	CT	HEAD	CT (HEAD/BRAIN) WO CONT	R		T+				



Doctor    
 Description   
 Phy Heading    
 Override Interaction Checking?

Number   
 Active   
 Event

- 
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- 
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<input type="button" value="Insert"/>	<input type="button" value="Order"/>	<input type="button" value="Medication"/>	<input type="button" value="Link Set"/>	<input type="button" value="Pharmacy Set"/>	<input type="button" value="Reminder"/>	<input type="button" value="Section"/>
<input type="button" value="Remove Highlighted Item"/>			<input type="button" value="Add/Edit Item's Evidence"/>			

	Category	Procedure	Procedure Name	Pri	Qty	Date	Time	Ser	Dis	Here
	Cat Scan									
16	CT	HEAD	CT (HEAD/BRAIN) WO CONT	R		T+				
<input type="checkbox"/>	Screens			Physician*						

	MRI	Procedure	Procedure Name	Pri	Qty	Date	Time	Ser	Dis	Here
	Medications									
17	MED	PRNIV	Sodium Chloride 0.9%							
<input checked="" type="checkbox"/>	Screens		Medication Details							

18 \*\*\* Recommended rate @ 30mL/kg over 6 hours. \*\*\*  
 Please adjust rate and volume accordingly.



RESPIRATORY,CARE - 48/F

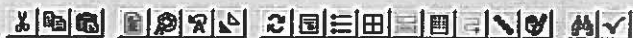
DOB 01/01/69

PRE IN

H.EDH

U/A H000542692/H02091179537

	Service Date
*Service Date:	11/08/17 1627
Focused Exam	
Vital Signs Revi...	
Cardiopulmonary ...	
Capillary Refill...	
Peripheral Pulse...	
Skin Examination:	



A large empty rectangular text area for entering notes or observations.

- Insert
- My Data
- Data Formats
- Text
- Next Stop (F2)
- Manage Probs
- OK/Next
- OK
- Cancel
- Code Visit
- View Protocol
- Add Section
- Remove Sect
- Normal
- Quick Save
- Submit



Review    Order    Document    Return