## ATRIUM SEPSIS HANDOFF TOOL

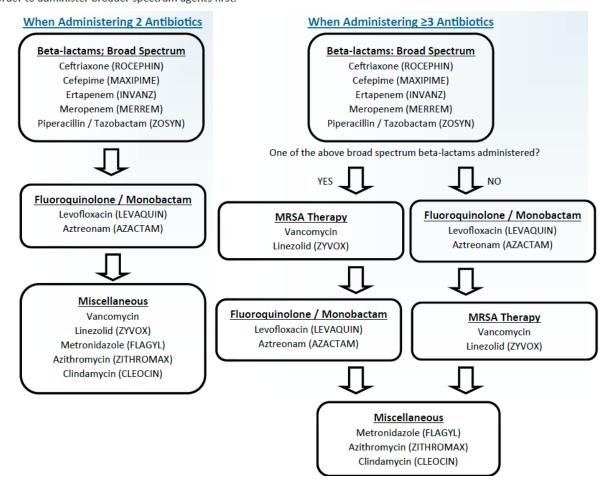
Treatment within 3 hours:	RETURN THIS FORM TO
<b>Quick Treatment Equals Life</b>	MELISSA DINSMORE 4N
Sepsis BPA Time ADDRESS THE BPA	(Go to "more" button left lower corner, BPA review to see time BPA fired to provider)
Sepsis Order set used: Yes No ENCOURAGE ORDER SET USE	See time in narrator
Blood Cultures: (peripheral) #1 #2  DRAW BEFORE ANTIBIOTICS GIVEN	Time Drawn:
Initial Lactate Drawn: Yes No	Time Drawn:Result: REPEAT IN TWO HOURS IF RESULT ≥ 2 meq/L
Antibiotics Given: Yes No BROAD SPECTRUM GIVEN FIRST Drug Name: Obtain 2 LARGE BORE IV's or ask for LINE	Time Given: Suspected infection Source:
Fluid Resuscitation  *** If ordered (30 mL/kg crystalloid fluid for Hypotension  (SBP < 90 or MAP <65 or SBP decrease by >40 points from baseline) OR Lactic Acid > or = to 4 meq/L  CRYSTALLOIDS INCLUDE 0.9%NS, LACTATED  RINGERS, PLASMALYTE (not available at AMC),  NORMOSOL  Provider Notified: Yes No  Provider Name:  Kg of patient  Amount to be infused over 3 hours (kg's x 30 = mL) USE PRESSURE BAG IF NEEDED  Amount given at time of transfer:	If fluid resuscitation met but not ordered or administered, why:
Treatment within 6 hours:	
Repeat lactate in 2 hours (if initial was $>$ or $= 2 \text{ meq/L}$	Time: Result:
Vasopressors if hypotension persists:  Drug Name:	Time startedBP
Remind Physician, PA or NP to perform Focused Physical Exam as it is due 1-hour post IV bolus completion – use Sepsis focused exam smart text in note	Time Due:

- This hand off is to be used with every sepsis order set.
   Lactate >2 must be redrawn in 2 hours

## ATRIUM SEPSIS HANDOFF TOOL

- 3. Blood cultures must be drawn prior to antibiotic start
- 4. Give broad spectrum antibiotic first (See list below) \*\*\*Goal: Administer ATB within 60 min of arrival\*\*\*

  If compatible multiple antibiotics can be administered concurrently. When incompatible or compatability unknown administer those toward the top the chart first in order to administer broader spectrum agents first.



- 5. If patient has a suspected infection with hypotension (SBP <90, MAP <65) or lactate >4, require aggressive fluid resuscitation. 30mg/kg regardless of renal or cardiac status
  - The 30 mg/kg fluid bolus order may be written as a PRN order to ensure that the appropriate clinical guidelines are met prior to administering bolus. Make sure the conditions are met prior to starting fluid administration.
  - If clinical decision is made to not administer the bolus of 30 mg/kg then physician documentation is required.

