

SBAR for Sepsis

Situation

- My name is _____
- I'm calling from _____
- I need to speak with you about patient, Mr. or Mrs. _____
- This patient is showing signs and symptoms of infection and sepsis.

Background

- The patient was admitted on _____ (date) with the diagnosis of _____ (original condition).
- The patient is now showing these signs of possible infection _____

(describe the signs and potential source of infection).
- These signs of infection started on _____ (date).
- The patient is allergic to _____
- The patient's advance care directive is _____

Assessment (describe key findings)

My assessment of the situation is that the patient may be experiencing a new or worsening infection. Here are my findings.

- Current vital signs: BP _____ HR _____ RR _____
Temp _____ SpO2 _____ (on room air or supplemental O2)
- The patient has voided ___ times in the last 8 hours.
- Mental status is (changed OR unchanged) from baseline: _____
- Other physical assessment findings that are related to possible infection or sepsis (e.g., lung sounds, wound assessment):

- Appearance of dialysis access: _____
- Pertinent therapies (currently on antibiotics, started on dialysis, etc.):

Recommendation

- I am concerned that this patient may have sepsis.
 - Would you like to order a serum lactate, blood culture, and basic metabolic panel?
 - How soon can you see this patient?
- Before hanging up:
 - Discuss/clarify plan and goal of care
 - Read back all verbal orders
 - Document the assessment, notification of the physician and the outcome in the patient's medical record.



Before calling the physician or nurse practitioner:

Evaluate the patient and complete this form.

- Check vital signs; be alert for the early sepsis warning signs.
- Review the patient record: Recent hospitalizations, lab values, medications, progress notes, allergies, and advance care wishes.
- Review dialysis access history.
- Review treatment notes for the last 2-3 dialysis treatments.



Sepsis Early Warning Signs

Report any of these findings:

- Temperature >100.4° (F)
- Heart Rate >= 90 bpm
- Respiratory rate >= 20 bpm
- Altered mental status
- SpO2 <=90%
- Pus, redness or increased swelling at vascular access site



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