



Screening for Sepsis Checklist

Infection Suspected

- Fever/Chills
- Currently on Antibiotics
- Cough/Shortness of Breath
- Cellulitis/Wound Drainage
- Weakness
- Pain/Burning on Urination
- Recent Change in Mental Status

If yes to infection suspected, proceed and check for Systemic Inflammatory Response Syndrome (SIRS)

SIRS

- Temperature greater than or equal to 100.4 or less than or equal to 96.8 F
- Heart rate greater than 90 beats/minute
- Respiratory rate greater than 20 breaths/minute
- Systolic blood pressure <90 mmHG

If (2) of the SIRS are checked, the resident has screened positive for sepsis. The nurse is to notify the physician, and then the nurse to assess for organ dysfunction.

Organ Dysfunction

- Respiratory:** SAO₂ less than 90 percent or increasing O₂ requirements
- Cardiovascular:** SBP less than 90 mmHG OR 40 mmHG less than baseline
- Renal:** Urine output less than .5 ml/kg over last 8 hours
- CNS:** Mental status changes
- Labs: DO NOT use lab results older than 24 hrs.**
- Platelets less than 100,000
- INR greater than 15
- Bilirubin greater than or equal to 4 mg/dl
- Serum lactic acid greater than or equal to 2 mEq/l

If one or more Organ Dysfunctions trigger, notify physician with SBAR, state suspected sepsis and implement sepsis protocol

SBAR

- Situation:** Inform physician if resident is currently being treated for a known infection; share which organ system has dysfunction
- Background:** Share VS and SaO₂ (pulse ox)
- Assessment:** Blood cultures; CBC; lactic acid (if not previously drawn); IV antibiotic
- Recommendation:** Request order for the following — 30 ml/kg over one hour or faster if systolic blood pressure is less than 90 mmHg until hypertension resolved

If resident does not respond to fluids within one hour, send to ER

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