

# SEVERE SEPSIS SCREENING WORKSHEET

PLACE PATIENT IDENTIFICATION LABEL HERE

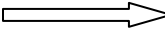
<b>TWO</b> or MORE of the following with known or suspected infection = SEPSIS:	<b>+</b> ORGAN FAILURE EXHIBITED by ONE of the FOLLOWING = SEVERE SEPSIS:
<b>History of New Infection</b> ( <i>known or suspected</i> )? <input type="checkbox"/> No If no, stop. <input type="checkbox"/> Yes If yes, proceed	<input type="checkbox"/> <b>Cardiovascular</b> - Cardiac Index less than 3.5; Systolic BP < 90 or MAP < 65, or requires vasopressors
<input type="checkbox"/> <b>Temperature</b> > = 100.9 F (> = 38.3°C) or < = 96.8 F (< = 36°C)	<input type="checkbox"/> <b>Respiratory</b> – PaO <sub>2</sub> /FiO <sub>2</sub> ratio < 300 or requires mechanical ventilation ( <i>Acute Lung Injury</i> )
<input type="checkbox"/> <b>Heart Rate</b> greater than 90 bpm	<input type="checkbox"/> <b>Renal</b> – Urine output < 0.5ml/kg/hr, or Creatinine > 2.0 mg/dL, or increased 50% from baseline, or requires acute dialysis
<input type="checkbox"/> <b>Respiratory Rate</b> > 20 breaths/minute or Pa/CO <sub>2</sub> < 32mmHg	<input type="checkbox"/> <b>Hematologic</b> – Platelets <100,000/mm <sup>3</sup> , or PT/PTT > upper limit of normal
<input type="checkbox"/> <b>WBC Count</b> > 12,000/mm <sup>3</sup> , < 4,000/mm <sup>3</sup> , or > 10% bands	<input type="checkbox"/> <b>Metabolic</b> – pH < 7.3 and lactic acid > 2 mMol/L
<input type="checkbox"/> <b>Glucose &gt; 120 mg/dL in the absence of diabetes</b>	<input type="checkbox"/> <b>Hepatic</b> - Liver Function Tests > 2 times upper limit of normal; Bilirubin > 2.0 mg/dL
<input type="checkbox"/> <b>New Mental Status Changes</b>	<input type="checkbox"/> <b>CNS</b> – Significant mental status changes

**Severe Sepsis** is defined as “sepsis” *and* at least one organ dysfunction failure.

**Septic Shock** is defined as “severe sepsis” resistant to fluids.

If patient meets **Severe Sepsis** criteria, **notify physician** to consider documenting “severe sepsis” or “septic shock” and to consider implementing the Severe Sepsis Bundle using the Severe Sepsis Order Set, form # 17-6476-0045. **Time physician notified:** \_\_\_\_\_ : \_\_\_\_\_

Does patient meet above criteria? If yes, do the following:

- Obtain order for Sepsis Panel (CBC, CRP, Venous blood gas, Lactic Acid, CMP, PT, PTT, Blood C&S x 2, Cortisol and UA)
-   **Contact Clinical PharmD at 8-8250 pager # 6089 for consult ASAP per Severe Sepsis Order Set.** (*critical component for meeting 6-hour bundle compliance*)

**6-Hour Sepsis Bundle Components:**

- Draw Lactic Acid
- Obtain blood cultures prior to antibiotic administration
- Administer broad spectrum antibiotic **within 3 hours** of triage time
- Fluid resuscitation **of 20 - 40 ml/kg**; recommend initial bolus of 500 ml -1000 ml
- Administer vasopressor therapy if systolic BP < 90 and MAP < 65 after fluid resuscitation
- If inserting central venous catheter, use PreSep® catheter (subclavian preferred site)