

SEPSIS SCREENING TOOL

INSTRUCTIONS

- Sepsis Screen is for patients ≥ 18 .
- Complete form upon admission and every shift.
- Complete form at time of change of condition.
- Please check each box that applies to patient's conditions.

	Date:						
	Time:						
	Initials:						
A. INFECTION	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Does patient have an infection or suspicion of infection?							
Is patient on antibiotics (not prophylaxis)?							
Abdominal pain of unknown etiology?							
<i>Did you say yes to any questions above? If NO - Stop here; If YES - Move to B</i>							
B. SIRS (Systemic Inflammatory Response Syndrome)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Does patient have 2 or more of the following SIRS criteria: T > 38 (100.4) or < 36 (96.8)							
HR > 90 BPM							
RR > 20 breaths/minute							
WBC > 12,000, < 4,000 or > 10% immature bands							
<i>Did you say yes to two or more of the above? If NO - Stop here; If YES - Move to C</i>							
C. ACUTE ORGAN DYSFUNCTION	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Does patient meet one or more of the following criteria?							
1. <u>Cardiovascular</u> : SBP < 90 mmHg							
SBP decrease > 40 mmHg from baseline							
2. <u>Respiratory</u> : O ₂ sat < 88% on RA							
Increase O ₂ requirement							
3. <u>CNS</u> : Altered consciousness							
4. <u>Metabolic</u> : PH \leq 7.30 Lactate > 2.0							
5. <u>Hepatic</u> : Bili > 2 or 4mg/dl Liver enzymes 2X's \uparrow							
6. <u>Renal</u> : Creatinine > 2.0 mg/dl or Urine Output decrease < 0.5 ml/kg/hr > 2°							
7. <u>Hematologic</u> : Platelet count < 100,000 and/or 50% decrease over past 3 days Coagulopathy (INR > 1.5 or a PTT > 60 seconds) (Patient is not on Coumadin)							
<i>Did you say yes to any one of the above?</i>							
If you said yes to any questions in A, yes to 2 or more items in B and yes to any items in C = POSITIVE SCREEN SUGGESTIVE OF SEVERE SEPSIS							
Positive Screen:							
<input type="checkbox"/> Notify physician (Refer to SBAR on back)							
MD Notified: _____				Date/Time: _____			
RN Signature: _____				Date/Time: _____			

SBAR							
Situation:							
Screened Positive for Severe Sepsis							
Background:							
1. Positive SIRS (describe areas positive)							
2. Known or suspected infection							
3. Organ dysfunction: share which organ system(s)							
Assessment: Share complete VS and SaO2							
Recommendation:							
1. I need you to come and evaluate the patient to confirm if they have severe sepsis							
2. It is recommended that I get an ABG, lactate and CBC, BMP, Blood Cx, Urine Cx (Sepsis Panel) Can I proceed and get these?							
3. Any other labs you would like me to obtain?							
4. If patient is hypotensive: Can I start an IV and give a bolus of NS – 20ml per kg?							
Outcome of patient assessment by physician:							
Physician diagnosis of severe sepsis: • Hypotensive after fluid bolus 10-20 ml/kg and/or initial lactate > 4 Time Zero: _____							
No severe sepsis diagnosis by physician							

RN Signature / Initial:

March 2010

NOT A PART OF THE MEDICAL RECORD – Please return to ICU Nurse Manager