SUBJECT: SEPSIS ALERT

DEPARTMENT OVERSIGHT AND MAINTENANCE: Administrative

POLICY:
1. A Sepsis Alert will be initiated in the Emergency Department (ED) or other units throughout the hospital when a patient demonstrates suspected infection with 2 out of 4 of the Systemic Inflammatory Response Syndrome (SIRS) criteria and decreased systolic blood pressure or increased lactate. Sepsis Alert is called and Early Goal-Directed Therapy (EGDT) is initiated.
   a. SIRS Criteria
      1. Temperature - greater than 38° C (100.4° F) OR less than 36° C (96.8° F)
      2. Heart rate - greater than 90 bpm
      3. Respiratory rate - greater than 20 breaths/min OR PaCO₂ less than 32 mmHg
      4. WBC Count - greater than 12,000/mm OR less than 4,000/mm OR greater than 10% immature neutrophils (left shift)

2. A Sepsis Alert can be called by any RN, physician or the Rapid Response Team (RRT) nurse by notifying the hospital operator to activate “Sepsis Alert.”

SPECIAL COMMENTS:
1. Mount Carmel New Albany’s scope of services does not encompass this type of intervention, therefore the patient would be transferred to a full service hospital for evaluation and treatment.

2. Early Goal-Directed Therapy is a 6 hour protocol of early and aggressive therapy to decrease mortality and morbidity. This can be extended depending on patient’s condition; however, the treatment is designed for rapid intervention.

3. Inclusion/Exclusion criteria are noted on the preprinted order set.

RESPONSIBLE PERSONS: Sepsis Team includes: Initiating physician, Primary RN, Pharmacist, Administrative Supervisor, Respiratory Therapist, Chaplain, Phlebotomy, Team Leader, MICU/CCU RN, and Rapid Response Team (RRT) RN

ROLE EXPECTATIONS:
1. Team Leader: The Sepsis Team Leader is the physician who initiates the “Sepsis Alert”.
   In the case of an alert called on a unit, the team leader is:
   a. MCW: Senior Medical Resident
   b. MCE: Critical Care Physician
   c. MCSA: AMC Med-1 or Intensivist
   d. If patient is an ED patient: Emergency Department Physician

2. Role Expectations of Sepsis Team Members:
   a. Physician or RRT RN initiating the “Sepsis Alert”
   b. Performs the initial assessment of the patient and completes the appropriate protocols.
1. If determined that the patient is an appropriate candidate for EGDT, the initiating physician or designee notifies the operator to call a “Sepsis Alert” and gives the patient’s location.

3. Team Leader - Upon arrival
   a. Perform assessment of the patient
   b. Monitors the patient and the response to treatment until stabilized or transferred to the critical care unit.
   c. Initiates Sepsis – Early Goal-Directed Therapy Orders
   d. Transfers patient to the critical care unit
   e. May order any other immediate medications/treatments.
   f. Talks with attending physician to confirm plan and anytime there is a concern about patient condition.
   g. Places the central venous catheter (CVC) and Arterial-line to continue the EGDT as indicated.

4. Rapid Response Team Nurse
   a. Assist with facilitating the completion of the appropriate protocol
   b. Monitors the patient until stabilized and facilitates transfer of patient to the critical care unit
   c. If delegated by Administrative supervisor, assume patient care from ED Primary RN until patient transfers to the critical care unit

5. Primary Nurse
   a. The assigned nurse will assume primary care of the patient.
   b. Facilitate the completion of the appropriate protocol.
   c. Direct the other team members to facilitate the completion of the appropriate protocol.
   d. Monitor the patient until stabilized and/or patient care assumed by a critical care RN or patient is transferred to the critical care unit.
   e. Call report to the critical care unit or appropriate level of care if ordered.

6. Critical Care Nurse
   a. Facilitate obtaining a critical care unit bed for patient; working with Administrative Supervisor as needed.
   b. Set up room and lines to facilitate an immediate continuation of EGDT.
   c. Once patient to room and assessment completed, assist with line placement and follow Sepsis – Early Goal-Directed Therapy orders.
   d. Orders sent to pharmacy STAT
   e. Charge nurse will respond to the ED to facilitate transfer of patient to the critical care unit
   f. If delegated by Administrative Supervisor, assume patient care from ED Primary RN until patient transfers to the critical care unit.

7. Pharmacist
   a. Sepsis patients to receive high priority to process orders ASAP
   b. Assist with dosage calculations and IV compatibilities.
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8. Administrative Supervisor
   a. Facilitate critical care bed assignment if applicable
   b. Ensure appropriate number of staff in attendance
   c. Ensure appropriate response of ancillary departments

9. Respiratory Therapy
   a. Provide any ordered oxygen therapy support/treatments
   b. Draw arterial lactate as ordered

10. Phlebotomy
    a. Draw the ordered lab work
    b. Provide appropriate tubes for draw when necessary.
    c. Transport blood tubes to the lab.

11. Chaplaincy Services
    a. If the chaplain is in-house, chaplain will respond and obtain a brief history of the patient from nurse.
    b. If chaplain is on-call from home, chaplain will call in and obtain brief history of patient and determine need for chaplain to come in to offer family support.
    c. Chaplain will meet family needs: including emotional and spiritual support, assistance with phone access, prayer or ritual requests, and notification of family clergy if requested.
    d. Chaplain will communicate family questions or concerns to medical staff as appropriate.

SUPPLIES/EQUIPMENT LIST:
Critical Care Unit:
1. IV access
2. EKG monitor
3. Central venous catheter or ScvO₂ catheter and monitor
4. Arterial line and set up
5. Pressure bag
6. Appropriate flush solution (for pressurized flush system) per order
7. CVP set up
8. Documentation
9. Urinary Catheter (per order)

Other Departments:
1. Patent IV access
2. EKG Monitor
3. Urinary Catheter (per order)

PROCEDURE:
1. Obtain vital signs.
2. Initiate EKG monitoring.
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3. Notify hospital operator to activate “Sepsis Alert”.
   a. Operator will page overhead “Sepsis Alert” and to which area the team should respond and activates the pagers for the following persons:
      1. Pharmacist (Note: Call ext 4198 for Pharmacist at MCSA)
      2. Administrative Supervisor
      3. Respiratory Therapist
      4. Chaplain
      5. Senior Admitting Medical resident
      6. Phlebotomy
      7. Critical care unit Charge nurse will respond to ED to facilitate transfer of patient to critical care unit
   b. At this time the critical care unit RN will look at bed availability for patient and make appropriate arrangements if bed is needed.

4. Obtain baseline labs.
   a. Label tubes & send immediately.
   b. Respiratory Therapy (RT) to draw arterial lactate as ordered.

5. Initiate oxygen therapy as ordered (Respiratory therapist to assist.)

6. Ensure patient has patent IV access.
   a. A triple lumen CVC line is recommended to be placed on all patients on vasopressors.
   b. An arterial line is recommended to be placed on all patients on vasopressors.

7. Administer medications as ordered. Pharmacist to assist with dosage calculations as needed.

8. Arrange for transfer of patient to critical care unit if appropriate. Administrative Supervisor and critical care RN will work with bed scheduling to facilitate transfer.

9. Administer empiric antibiotics after blood cultures are obtained. The pharmacist will assist in acquisition of the medication if it is not available in the automated dispensing machine.

10. Monitor patient’s vital signs and urinary output.

11. Call report to critical care unit.

REFERENCE:

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http://www.survivingsepsis.org/


http://www.ihi.org/IHI/Topics/CriticalCare/Sepsis/Resources/SurvivingSepsisCampaign.htm


DEVELOPED BY: PCS Standards of Excellence Team ORIGINAL ISSUE DATE: 4/06

REVIEW/REVISION DATE: 12/08, 10/09, 2/10, 12/10, 2/13

REPLACES: Administrative P/P “Sepsis Team Alert”

REVIEWED BY: Sepsis Team Council 2/13

Administrative Policy Team 2/11/13

Catherine Luchsinger 2/27/13

Vice President Date

APPROVAL FOR IMPLEMENTATION BY: Accreditation Council

DATE: Email vote 3/4/13