Sepsis Committee
March 1, 2017

1. Rapid Response Order set – education and implementation date Review
2. ED Triage modified SIRS
3. CPOM – Dan report on sepsis order set usage and add to all favorites?
4. RT – Lab Missed Lactate results
6. Nursing assessment and identification, triggers on smart boards?
7. Sound Physicians sepsis is a quality indicator
8. Data Review- YTD data and most common OFI issues.

- Quality
- E.D. Docs
- Hospitalist
- Intensivists
- Resp. Therapy
- Lab
- IT
- Pharmacy
- ICU
- Nursing
- Nursing Ed.
<table>
<thead>
<tr>
<th><strong>Rapid Response Team Standing Orders</strong></th>
</tr>
</thead>
</table>

**Hospital Provided ACLS Protocols may be initiated without consultation of an MD**

**Cardiovascular: Acute Coronary Syndrome (ACS)**

- Obtain STAT EKG
- If STEMI - Call Cardiac Rapid Response
- Initiate cardiac monitoring via portable defibrillator if patient is not currently being monitored
- Initiate O₂ therapy and titrate treatment to keep oxygen saturation greater than 93%
- Initiate continuous pulse oximetry

Obtain the following labs STAT:
- CK-MB and Troponin-1
- Potassium
- CBC
- BMP
- Ionized and total calcium
- PT/PTT

**IV Therapy:**
- If patient has a patent IV running, continue with current therapy.
- If patient IV is “hep-locked,” check patency and begin IV therapy of Normal Saline at 10mL/hour.
- If no IV is present or patency of current IV is in question, RN shall insert peripheral IV and begin IV therapy of Normal Saline at 10mL/hour.

**Symptomatic Hypotension:** (Systolic blood pressure of less than 70 or greater than 40mm Hg)

**Decrease in systolic pressure from baseline**
- Utilize Modified Trendelenburg position by elevating patient’s legs while leaving patient’s upper body flat or moving patient’s upper body to a flat position.
- Remove topical medications that may cause hypotension.
  - Examples would include Nitroglycerin patch/paste, Duragesic or Catapres patch.
  - Hold antihypertensive medications until physician has been consulted.
  - Examples would include calcium channel blockers, ACE inhibitors, diuretics, rate and contractility medications such as digoxin, etc.
- Initiate cardiac monitoring via portable defibrillator if patient is not currently being monitored.
- Administer 1,000mL bolus of Normal Saline running at 1,000mL per hour.

---

**Mercy Medical Center**

**Rapid Response Team Standing Orders**
<table>
<thead>
<tr>
<th>Weight</th>
<th><strong>ALL ORDERS TO BE SIGNED FOR WHEN ORDERED, AND DISCONTINUED. PLEASE USE BLACK BALL POINT PEN.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td><strong>WRITE ALLERGIES IN THIS AREA</strong></td>
</tr>
</tbody>
</table>

## RAPID RESPONSE TEAM STANDING ORDERS

### RESPIRATORY: Respiratory Distress:
- If the patient is in respiratory distress of any kind, the RRT shall:
  - Initiate 0₂ therapy and titrate treatment to keep oxygen saturation greater than 93%.
  - Initiate BIPAP Protocol Guideline if applicable.
  - Initiate continuous pulse oximeter.
  - Obtain a STAT ABG.
  - Obtain a STAT portable chest x-ray.
  - A one-time PRN breathing treatment may be administered if patient previously had breathing treatments ordered where the order has expired as recommended by the Respiratory Therapist.

### GI/GU: Inability of patient to void
- RN may insert Foley catheter if patient is unable to void and volume of patient’s bladder is greater than 250ml as confirmed by bladder scan.

### LABORATORY: Suspected/active bleeding
- CBC
- PT/PTT
- Blood Sugar Finger Stick
- Type and Screen
- Mg
- Ammonia

### NEURO
- Stroke Scale
- R/O criteria for TPA
- Call Stroke Care
- Stat Neuro Consult (call prior to CT)
- Stat CT Scan of Brain – no contrast
- Labs: CBC, BMP, PT/INR, PTT, Glucose, Troponin

### Change in LOC:
- Narcan 0.4mg IV. May repeat X 1 dose.
- If Narcan used, patient must be transferred to a Critical Care Unit unless deemed unnecessary by a physician

### Suspected Sepsis:
- Lactic Acid
- Sepsis Screen
- ABGPEGLA

---

**MERCY MEDICAL CENTER**

**RAPID RESPONSE TEAM STANDING ORDERS**

F.2814 - rev 06/2018
**Date:** __________  **Room#/Location:** __________  **Time Called:** __________  **Arrival Time:** __________  **Event Ended:** __________

**Primary Reason for Call:**
- [ ] Staff concerned/worried about the patient
- Specify: __________
- [ ] HR less than 40
- [ ] HR greater than 130
- [ ] SBP less than 90 mmHg
- [ ] Acute Mental status change
- [ ] RR less than 8
- [ ] RR greater than 24
- [ ] SpO₂ less than 90% despite O₂
- [ ] Suspected Sepsis
- [ ] Acute change in urine output <50mL in 4 hours if on I/O with Foley
- [ ] Acute Stroke/Brain Attack
- [ ] Acute Coronary Syndrome – Cardiac Rapid Response

**Recommendations/Interventions:**
- Airway/Breathing
  - [ ] No intervention
  - [ ] Oral Airway
  - [ ] Suctioned
  - [ ] Nebulizer Treatment
  - [ ] CPAP/BiPap
  - [ ] Bag Mask
  - [ ] O₂ Mask/Nasal
  - [ ] ABG
  - [ ] CXR
  - [ ] Pulse Ox
  - [ ] Intubated
- Circulation
  - [ ] No intervention
  - [ ] Start IV
  - [ ] IV Fluid Bolus
  - [ ] Bleeding Controlled
- Injur/Acute Blood Loss
  - [ ] No intervention
  - [ ] S-Spine/Backboard
  - [ ] Blood
  - [ ] EKG
  - [ ] Cardioversion
  - [ ] Labs
  - [ ] Foley Catheter
  - [ ] Cardiac Monitoring/AED
  - [ ] Initiate Code Blue
  - [ ] CT Scan of Brain – No Contrast
- Medication(s)
  - [ ] __________

**Other Interventions**
Specify: __________

**Outcome:**
- [ ] Stayed in Room
- [ ] Transferred to ICU
- [ ] Transferred to CCU
- [ ] Transferred to E.D.
- [ ] Other: __________
- [ ] Refused to Transfer
- [ ] Cardiac Care to Cath Lab
- [ ] Notified Physician: __________  **Time:** __________

**Background/Situation**
- __________

**Primary Diagnosis:**
- __________

**Assessment:**
- **Time:** __________
  - Temp: __________
  - BP: __________
  - HR: __________
  - RR: __________
  - SpO₂: __________
  - GCS: __________
  - Positive Sepsis Screen: [ ] Yes  [ ] No
  - [ ] See Reassessment Note in Medtech/Nurses Note
  - [ ] See Cardiac Rapid Response documentation form

**RESPONSE/FOLLOW-UP REPORT:**

**Signatures:**
- RN: __________
- RT: __________

For Feedback and/or Concerns contact Shift Manager

---

**MERCY MEDICAL CENTER**

**RAPID RESPONSE TEAM RECORD**

F-2017 - rev 09/2016
Sepsis Screen – Rapid Response

Are you concerned that the patient may have developed a NEW infection or the current infection has ESCALATED within the past 48 hours? Yes or No

If yes, the patient MUST meet 2 of the FOLLOWING criteria:
Please Circle all criteria met:

1. Acute Altered Mental Status
2. Patient is Hyperthermic – Temperature is > 100.9 F or 38.3 C
3. Patient is Hypothermic – Temperature is < 96.8 F or 36.0
4. Heart Rate > 90 bpm
5. Respiration Rate > 20
6. WBC > 12.0
7. WBC < 4.0
8. > 10% Bands (Band Neutrophil % in lab data)

Does the patient meet the Sepsis Criteria? Yes or No

Was the physician notified from the prior sepsis alert within the 48 hours? Yes or No

If the patient meets Sepsis Criteria, AND there have been no PHY alerts within the last 48 hrs, then notify PHY of Suspicion sepsis:

Physician Notified: _______________ Date:_______ Time:_____________

The first question is required. If yes, THEN the criteria is Required. If there are 2 or more criteria met then the 3rd question is required. If 3rd question is N then the 4th question is required along with Dr notified, date and time.
Sepsis Order Set.
<table>
<thead>
<tr>
<th>Category</th>
<th>Procedure</th>
<th>Procedure Name</th>
<th>Pri Qty Date</th>
<th>Time</th>
<th>Ser</th>
<th>Dis</th>
<th>Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAB</td>
<td>CBCD</td>
<td>CBC PLATELET AUTO DIFF</td>
<td>S</td>
<td>T</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAB</td>
<td>CMP</td>
<td>COMP METABOLIC PANEL</td>
<td>S</td>
<td>T</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAB</td>
<td>ABGP</td>
<td>ARTERIAL BLOOD GAS PANEL</td>
<td>R</td>
<td>T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAB</td>
<td>LA</td>
<td>LACTIC ACID</td>
<td>S</td>
<td>T</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Procedure</td>
<td>Procedure Name</td>
<td>Pri Qty Date</td>
<td>Time</td>
<td>Ser</td>
<td>Dis</td>
<td>Here</td>
</tr>
<tr>
<td>----------</td>
<td>-----------</td>
<td>---------------------------------------</td>
<td>--------------</td>
<td>------</td>
<td>-----</td>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td>LAB</td>
<td>LIVER</td>
<td>LIVER PROFILE</td>
<td>R</td>
<td>T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screens</td>
<td>Physician*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAB</td>
<td>VA</td>
<td>URINALYSIS COMPLETE</td>
<td>S</td>
<td>T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screens</td>
<td>Physician*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAB</td>
<td>PT</td>
<td>PT - PROTHROMBIN TIME</td>
<td>R</td>
<td>T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screens</td>
<td>Physician*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAB</td>
<td>PTT</td>
<td>PTT - PARTIAL THROMBOPLAST TIME</td>
<td>R</td>
<td>T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screens</td>
<td>Physician*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Doctor: Daoud, Rimon MD
Description: Sepsis (INPATIENT)
Phy Heading: Evidence Based
Override Interaction Checking? [ ]
<table>
<thead>
<tr>
<th>Category</th>
<th>Procedure</th>
<th>Procedure Name</th>
<th>Pri Qty Date</th>
<th>Time</th>
<th>Ser Dis</th>
<th>Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAB</td>
<td>TRO</td>
<td>TROTONIN I</td>
<td>S T+ N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rad</td>
<td>CH2</td>
<td>CHEST PA/AP &amp; LATERAL</td>
<td>R T+1 N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rad</td>
<td>CHP</td>
<td>CHEST (PORTABLE)</td>
<td>S T N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cat Scan</td>
<td>HEAD</td>
<td>CT (HEAD/BRAIN) WO CONT</td>
<td>R T+</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RadioLOGY

14 RAD | CH2 | CHEST PA/AP & LATERAL |
|      | R   | T+1 N                 |

15 RAD | CHP | CHEST (PORTABLE) |
|      | S   | T N                   |

16 CT  | HEAD | CT (HEAD/BRAIN) WO CONT |
|      | R   | T+                     |
**Phy Heading Event History**

**Description:** Sepsis (INPATIENT)

**Phy Heading:** EB EVIDENCE BASED

**Override Interaction Checking:** N

---

### Insert Order Medication Link Set Pharmacy Set Reminder Section

<table>
<thead>
<tr>
<th>Category</th>
<th>Procedure</th>
<th>Procedure Name</th>
<th>Pri Qty Date</th>
<th>Time</th>
<th>Ser</th>
<th>Dis</th>
<th>Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat Scan</td>
<td></td>
<td></td>
<td>R</td>
<td>T+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screens</td>
<td>CT HEAD</td>
<td>CT (HEAD/BRAND) WO CONT</td>
<td>R</td>
<td>T+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MRI</td>
<td>Medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NED</td>
<td>PRNIV</td>
<td>Sodium Chloride 0.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screens</td>
<td>Medication Details</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**18 Recommended rate @ 30mL/kg over 6 hours. Please adjust rate and volume accordingly.**