

ED Sepsis Checklist

Interventions	Date/Time	
<input type="checkbox"/> Sepsis alert initiated in the ED Severe Sepsis Criteria – all 3 of the below must be met within 6 hours of each other to be considered Severe Sepsis <input type="checkbox"/> Documentation of a suspected source of infection <ul style="list-style-type: none"> • Infection _____ • Two or more Systemic Inflammatory Response Syndrome (SIRS) criteria <ul style="list-style-type: none"> <input type="checkbox"/> Temperature greater than 38.3 C or less than 36.0 C <input type="checkbox"/> Pulse greater than 90 <input type="checkbox"/> Respiratory Rate greater than 20 / minute <input type="checkbox"/> WBC count greater than 12,000 or less than 4,000 or 10% bands • Organ dysfunction, evidenced by any one of the following <ul style="list-style-type: none"> <input type="checkbox"/> SBP less than 90 or MAP less than 65 <input type="checkbox"/> Acute respiratory failure as evidenced by new need for invasive or non-invasive mechanical ventilation <input type="checkbox"/> Creatinine greater than 2.0 or urine output less than 0.5 ml / kg / hour for 2 hours <input type="checkbox"/> Bilirubin greater than 2mg / dL (34.2 mmol/L) <input type="checkbox"/> Platelet count <100,000 <input type="checkbox"/> INR greater than 1.5 <input type="checkbox"/> aPTT greater than 60 seconds <input type="checkbox"/> Lactate greater than 2 mmol / L (18.0 mg / dL) 	Start Time: _____	
Interventions to be completed within 3 hours of Severe Sepsis recognition		Start Time: _____
<input type="checkbox"/> STAT Lactic Acid		_____
<input type="checkbox"/> Blood cultures prior to ATB administration		_____
<input type="checkbox"/> Any ONE of the following antibiotics administered STAT (within 1 hour of Sepsis recognition) <ul style="list-style-type: none"> <input type="checkbox"/> Zosyn given OR Primaxin (if allergic to PCN) <input type="checkbox"/> Rocephin <input type="checkbox"/> Levaquin <input type="checkbox"/> Invanz <input type="checkbox"/> Cefepime <input type="checkbox"/> Unasyn 		
<input type="checkbox"/> IV Bolus 30ml / kg of NaCl, if the patient is hypotensive or has a lactic acid is greater than or equal to 4mmol / L Most recent documented patient weight _____ kg Fluid amount to be administered _____ ml	Start Time: _____	End Time: _____
<input type="checkbox"/> Blood pressure times 2 within 1 hour after bolus completion		_____
Interventions to be completed within 6 hours of Severe Sepsis recognition		End Time: _____
		(End Time = Start time + 6 Hours)
<input type="checkbox"/> Repeat lactic acid 3 hours after initial result only if initial result was greater than or equal to 2mmol / L Result: _____		_____
<input type="checkbox"/> If a patient has persistent hypotension after the administration of 30mL / kg of crystalloid fluid then vasopressors must be initiated		_____
<input type="checkbox"/> A tissue perfusion reassessment MUST be done if the patient has persistent hypotension OR if their initial lactate was greater than or equal to 4mmol / L <ul style="list-style-type: none"> • Criteria for persistent hypotension are two or more consecutive blood pressure readings following the fluid bolus of either: <ol style="list-style-type: none"> 1. Systolic blood pressure (SBP) less than 90 or 2. Mean arterial pressure (MAP) less than 65 or 3. A decrease in SBP by 40 mmHg or greater from the last previously recorded SBP considered normal for this patient 		_____

Nurse signature: X _____ Date _____

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Please place patient label here



Licking Memorial Hospital

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