

Allina Obstetric Sepsis Screening Tool – FINAL 7/6/17

** RN to complete in the presence of abnormal vital signs

		Yes	No				
1	<p>Does this patient have hypotension?</p> <ul style="list-style-type: none"> • Systolic BP < 90 mmHg <li style="text-align: center;">OR • Mean Arterial Pressure (MAP) < 70 <p><i>If "Yes" – go to Question 3</i> <i>If "No" – go to question 2</i></p>						
2	<p>Does this patient have 2 or more of the following sepsis screening criteria that are not chronic?</p> <p><input type="checkbox"/> Heart Rate > 120 bpm or ≤ 50 bpm</p> <p><input type="checkbox"/> Respiratory Rate ≥ 24 bpm, < 10 or SpO2 < 95% (on room air)</p> <p><input type="checkbox"/> Temperature > 100.4°F (38.0°C) x 2 or < 96.8°F (36°C)</p> <p><input type="checkbox"/> Fetal Tachycardia > 160 bpm baseline</p> <p><input type="checkbox"/> WBC > 15.0 or < 4.0 WBC count drawn: Date ____ Time ____</p> <p><input type="checkbox"/> Acutely altered mental status</p> <p><i>If "Yes" – go to Question 3</i> <i>If "No" – Stop doing the screen</i></p>						
3	<p>Do you suspect that this patient has a new or worsening infection based on your assessment? (Only <u>ONE</u> of the symptoms below is needed for a "suspected infection")</p> <p><input type="checkbox"/> Generalized symptoms: shaking, chills, weakness, lethargy, new onset headache or neck stiffness</p> <p><input type="checkbox"/> Uterine tenderness and/or foul-smelling amniotic fluid/vag. discharge</p> <p><input type="checkbox"/> Respiratory: cough, SOB, increasing oxygen needs, decreasing O2 sats</p> <p><input type="checkbox"/> Urinary: pain with urination, flank pain, indwelling foley catheter in place for more than 48 hours</p> <p><input type="checkbox"/> GI: new abdominal pain, new diarrhea</p> <p><input type="checkbox"/> High risk for infection (PPROM, Prolonged IOL, recent surgery, immunocompromised, indwelling catheter...)</p> <p><input type="checkbox"/> Skin/wound: new drainage, redness, or rash</p> <p><input type="checkbox"/> Bone/joint symptoms: new red, warm, or swollen joint</p> <p><input type="checkbox"/> PICC or central line in place for more than 48 hrs</p> <p><input type="checkbox"/> Other _____</p>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> <p><u>If "Yes" in Questions 1 and 3</u></p> <p>"Positive Sepsis Screen"</p> <p style="text-align: center;">↓</p> <p>Call Rapid Response Team</p> </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <p><u>If "Yes" in Questions 2 and 3</u></p> <p>"Positive Sepsis Screen"</p> <p style="text-align: center;">↓</p> <p>Call Rapid Response Team</p> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;"> <p>Date/Time RRT was called: _____</p> </td> </tr> </table>				<p><u>If "Yes" in Questions 1 and 3</u></p> <p>"Positive Sepsis Screen"</p> <p style="text-align: center;">↓</p> <p>Call Rapid Response Team</p>	<p><u>If "Yes" in Questions 2 and 3</u></p> <p>"Positive Sepsis Screen"</p> <p style="text-align: center;">↓</p> <p>Call Rapid Response Team</p>	<p>Date/Time RRT was called: _____</p>	
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Notify Charge Nurse if Positive Screen – Place patient label on completed form

Positive Sepsis Screen/Code Sepsis RRT RN Audit Tool

1. Confirm positive sepsis screen: Yes No
 - If "No", stop sepsis assessment.
2. New Hypotension: Yes No (SBP <90, MAP <70, or SBP decrease >40 mmHg)
 - If "Yes", call patient placement to initiate "Code Sepsis" and continue to #4
 - If "No", continue to #3
3. Order Lactate, Blood Culture, CMP, CBC, INR. Is Lactate ≥ 2.1 or meets other criteria for severe sepsis or septic shock? Yes No
 - If "Yes", call patient placement to initiate a "Code Sepsis"
 - If "No", continue usual care
4. Time Code Sepsis is called (**TIME ZERO**) _____
5. Time MD (Hospitalist, OBH, or house officer) called back _____
6. Severity of sepsis:
 - Severe Sepsis** = Sepsis plus one or more acute organ dysfunction criteria (signs must be separate from the primary site of infection and not known to be chronic):
 - New need for invasive or noninvasive mechanical ventilation
 - Creatinine ≥ 2.1 mg/dl or UOP < 0.5 ml/kg/hr for more than 2 hours
 - Lactate ≥ 2.1 and < 4 (venous)
 - Note: If lactate ≥ 2.1 , repeat within 3 hours of the first lactate
 - SBP < 90 or MAP < 70
 - New need for invasive or noninvasive mechanical ventilation
 - Creatinine ≥ 2.1 mg/dl or UOP < 0.5 ml/kg/hr for more than 2 hours
 - Total bilirubin > 2
 - Platelets < 100,000
 - INR >1.5 or aPTT > 60 sec
 - Septic Shock** = Sepsis plus one of the following:
 - SBP <90 or MAP < 70 after adequate fluid resuscitation (30 mL/kg of NS or LR)
 - SBP decrease >40 mmHg
 - Lactate ≥ 4 mmol/L
7. Disposition:
 - Stay in current level of care
 - Transfer to ICU

Code Sepsis Action Steps

<u>Complete steps 1-5</u> <u>by:</u>	<u>Begin STAT, complete within 1 hour</u>	<u>Time</u>
_____	1. Start IV fluid bolus (30 mL/kg NS or LR)	_____
(TIME ZERO + 1 hour)	2. Lactate drawn	_____
	3. Blood Cultures drawn x 2 (at least 1 drawn prior to antibiotics)	_____
	4. Start broad spectrum antibiotics	_____
	5. Initiate 30854 PROT IP SEPSIS order set	_____