

**Skilled nursing facility sepsis algorithm for adults**



**Monitor for progression into *Multisystem Organ Dysfunction Syndrome***

Examples:

* Progression of symptoms despite treatment
* Urine output <400ml in 24 hours
* SBP <90 despite IV fluids
* Altered mental status

Consider transferring to another level of care - hospital, palliative, or hospice

**Notify provider**

**Prior to calling provider**

* **Educate resident/family about status**
* **Review Advance Directives and options**

**Stay in facility**

***If Advance Directives and/or resident’s wishes are in agreement, consider some or all of following order options:***

* Labs: CBC w/Diff, lactate level (if possible), UA/UC, blood cultures
if able; from 2 sites, not from lines. *Send all labs ASAP.*

Establish IV access for the following:

* IV normal saline 0.9% normal saline/sodium chloride @ 30ml/kg if BP <100
* Administer IV, IM or PO antibiotics
* Comfort care

**Transfer**

* Prepare transfer sheet
* Call ambulance
* Call report to hospital
* *Report positive sepsis screen*

**YES**

**NO**

**Early detection tool
100-100-100**

**Positive
screen
for
sepsis**

**Negative
screen
for
sepsis**

**Suspected infection *and* 2 or more SIRS criteria**

**Suspected infection SIRS criteria**

Fever/chills Temp ≥100.0 or ≤96.8

Currently on antibiotics Pulse ≥100

Cough/SOB BP <100 or >40 mmHg from baseline

Cellulitis/wound drainage Resp. rate >20/SpO2 <90%

Weakness Altered mental status

SIRS = Systemic Inflammatory Response Syndrome

**Comfort care**

* Pain control
* Antipyretic for fever
* Reposition every 2-3 hrs
* Oral care every 2 hrs
* Offer fluids every 2 hrs
* Keep family informed
* Adjust care plan as needed

**Yes**