



Severe sepsis and septic shock Care of the resident

OUTCOME	DEFINITION DISTINCTIONS
Symptom Identification	 Initiate the 100, 100, 100 rule staff screen. Symptoms: Just don't look right. Resident weak, more confused, and have other symptoms of infection Urinary Tract = frequency, urgency, burning on urination, or pain Respiratory = cough, shortness of breath, increase in sputum Skin = draining wound, redness, swelling, and warm to touch Neurologic = confusion, headache, stiff neck and sensitivity to light Notify the Registered Nurse Identify Advance Directive Wishes Notify the Physician Call Family
Advance Directives	 Verify Resident Wishes No treatment Treat and do not transfer Comfort Care
Initial LTC bundle Based off Level of Care and Ability	 Obtain Cultures and Blood for Lactate Level Start IV and give fluids Start Antibiotics
Transfer Trigger	Identify resident /family wishes to treat in acute care hospital Transfer Triggers

PROCESS

Surviving Sepsis Campaign's 3- and 6-hour Bundles:

WITHIN 3 HOURS:

- Measure lactate level.
- Obtain blood cultures prior to administration of antibiotics.
- Administer broad spectrum antibiotics.
- Administer 30 ml/kg crystalloid (0.9% Sodium Chloride) for hypotension or lactate ≥4mmol/L.
- Identify resident wishes to be transferred for care.

Advance Directive Bundle:

- Treatment status
- Code Status
- Comfort Care Status
 - o Analgesic for fever
 - Pain Control

ADDITIONAL PROCESSES

- Percent antibiotics administered w/in 1 hour of triage (= first set of vital signs) or w/in 1 hour of Code Sepsis activation.
- Serum lactate w/in either 3 hours of triage or w/in 3 hours of Code Sepsis activation.
- Adherence to Sepsis Transfer Protocol within appropriate time frame.
- Adherence to Sepsis Trigger Tool.
- Advance Directive.