Patient Name _____

MRN _____ Date _____

PERFORMANCE EXCELLENCE 2020

Developing a STEEEP clinical experience systemwide

Sepsis Flowchart and Handoff Tool

Main Line Health®

TRIAGE/ASSESSMENT

Think SEPSIS if the patient has:

☐ Suspected/confirmed infection

AND

☐ **2+ SIRS criteria:**

- T > 100.4 or < 96.8
- HR > 90
- RR > 20
- WBC > 12,000 or < 4000 or > 10% Bands

SEVERE SEPSIS – Sepsis (above) and:

☐ **Organ dysfunction as evidenced by 1 of the following:**

- SBP < 90
- MAP < 65
- Lactate > 2
- Creatinine > 2
- INR > 1.5 or PTT > 60
- Acute respiratory failure requiring BiPAP or intubation
- Platelet count < 100,000
- Total Bilirubin > 2 mg/dL

IF SEPSIS SUSPECTED:

☐ Notify physician time

- Time severe sepsis is identified: _____
- Patient weight:_____kg
- Proceed to *Sepsis Flowchart*

SEPTIC SHOCK

Think SEPTIC SHOCK if the patient meets Severe Sepsis +

- Tissue hypoperfusion after 30ml/kg fluid administration as evidenced by SBP < 90 or MAP < 65 (2 consecutive readings)
- Or initial Lactate ≥ 4
- Or **documentation** by provider

SEPSIS FLOWCHART

Must be completed within 3 hours of Sepsis Time

☐ Draw initial Lactate level

- Result_____Time drawn_____

☐ Draw blood cultures – 2 sets

- Before antibiotics administration
- **Document** actual time drawn_____

☐ Insert 2 IVs for **SIMULTANEOUS** antibiotics administration

☐ Administer antibiotics **SIMULTANEOUSLY**

- Time admin #1_____#2_____#3 _____
  (Gram negative coverage first - see reverse)
- Ensure scanned in EMR

For patients with SBP < 90, MAP < 65, or Lactate ≥ 4

☐ Resuscitation with **30 ml/kg** crystalloid fluid

- Total volume to be administered _____
- **Document** fluid type, rate, volume, route, time hung and time discontinued
- Handoff – Volume given thus far _____

Must be completed within 4 hours of Sepsis Time

Note: fluid resuscitation ongoing or completed

- Draw repeat Lactate level if initial Lactate > 2
  Result _____ Time drawn/due _____

If Septic Shock -> must be completed within 6 hours of Sepsis Time

☐ Repeat volume status and tissue perfusion assessment

- **Documentation** by a physician/PA/NP that "sepsis focused physical exam performed"

☐ If SBP < 90/MAP < 65 after 30 mL/kg of fluid administer a vasopressor:

- Norepinephrine +/- Vasopressin (**preferred**)

OR

- Epinephrine, Phenylephrine, Dopamine **(if clinical condition requires)**

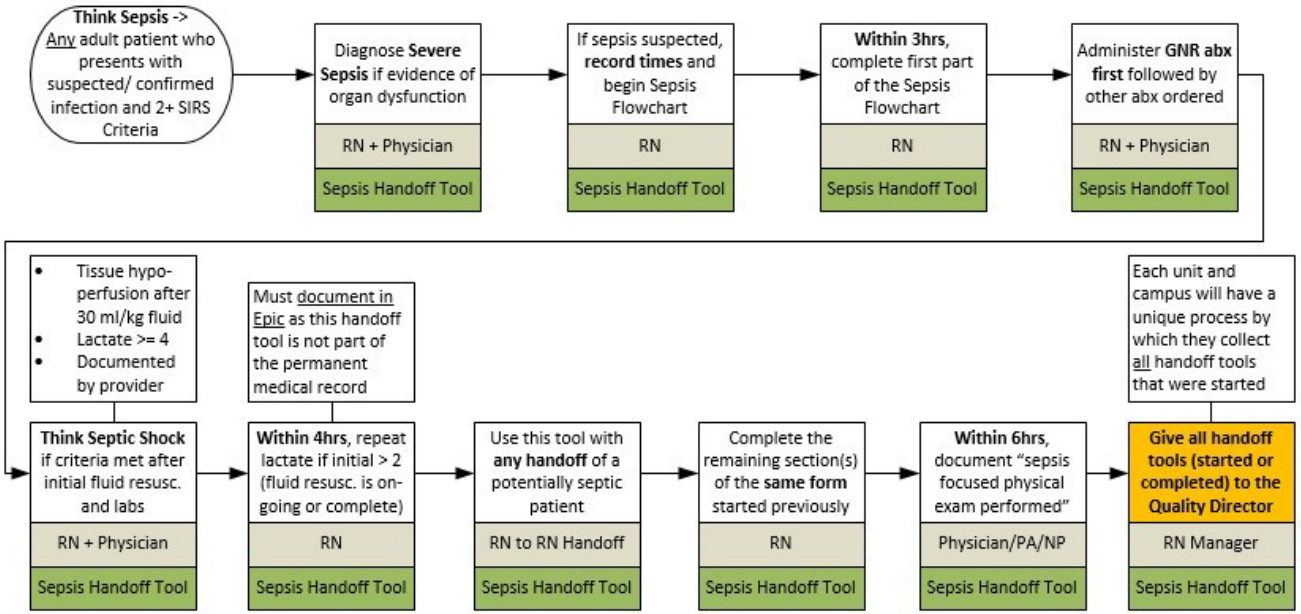
***PLACE ON FRONT OF CHART AS SOON AS SEPSIS PATIENT IDENTIFIED**

***USE TOOL IN HANDOFF/ COMMUNICATION WITH PROVIDERS AND NURSES *DOCUMENT IF PATIENT IS ON COMFORT CARE OR HOSPICE**

NOT PART OF THE PERMANENT MEDICAL RECORD / PLEASE SEND TO QUALITY DEPARTMENT WITHIN 24 HOURS

Safe – Timely – Efficient – Effective – Equitable – Patient-Centered

PROCESS TO COMPLETE AND SUBMIT THE HANDOFF TOOL



ANTIBIOTICS

Gram Negative Coverage (GNR)

1. Ceftazidime (Fortaz®)
2. Piperacillin/tazobactam (Zosyn®)
3. Imipenem/Cilastatin (Primaxin®)
4. Ceftriaxone (Rocephin®) – *community-acquired*
5. Levofloxacin (Levaquin®)

To be used in combination:
Amikacin (loading dose: 15-20 mg/kg of adjusted body weight)
Gentamicin (loading dose: 5-7 mg/kg of adjusted body weight)

For Penicillin allergic patients:
Aztreonam (Azactam®)

Gram Positive Coverage

1. Vancomycin (Vancocin®) (loading dose 15-20 mg/kg)
2. Daptomycin (Cubicin®) (loading dose 6-8 mg/kg)

WHY FOCUS?

- Sepsis Bundle rate adherence is low across MLHS
- Sepsis will become a Core Measure
- ICU utilization and cost of care for sepsis patients are higher than benchmark

MEASURES

Process Measures: Handoff Tool Utilization = number of initiated handoff tools/ total number patients with a primary or secondary dx of sepsis (target = 50%)
Outcome Measures: Bundle Adherence Rate (target = 55%), Sepsis In- Hospital Mortality, Sepsis Critical Care Mortality, Sepsis Cost per Case

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