

CRITICAL SEPSIS INTERVENTION TRACKING



(FOR Quality Improvement ONLY - NOT PART OF THE MEDICAL RECORD – DO NOT SCAN INTO EPIC)

| | | |
|-------|---------------|-------------------|
| Date: | Patient Name: | Medical Record #: |
|-------|---------------|-------------------|

PROVIDER SECTION:

- A) **IS THERE A SUSPECTED NEW INFECTION???** CIRCLE ONE: *YES *NO *UNSURE
- IF YES – DOCUMENT TIME ZERO BELOW
 - IF NO – NOT SEPSIS PATHWAY; DOCUMENT IN PATIENT CLINICAL CHART AND CONTINUE APPROPRIATE PATIENT CARE!!!!
 - IF Unsure – CONTINUE WITH SEPSIS PATHWAY. (MUST MAKE FINAL DECISION 15 MINUTES FROM SAT ONSET – REMEMBER TIME ZERO IS SAT ONSET)

- B) **What is TIME ZERO:** _____ These are the 4 ways to calculate time zero:
- Time of First episode of Hypotension OR
 - Time Lactate > 4 mmol resulted OR
 - Estimated EPIC BPA Alert (Sepsis Pop-up) time OR
 - Time of labs and or signs that show end-organ dysfunction.

C) TO ENSURE COMPLIANCE WITH THE MEASURE – USE SEPSIS ORDERSET LABS, AND ANTIBIOTICS, and use SEPSIS 30 CC/KG Fluid bolus order.

D) **SIGNATURE :** _____ **PRINT** _____ **CIRCLE Your role :** 3rd or 4th YEAR RESIDENT/ SENIOR PA/ ATTENDING

NURSING SECTION:

What is the 3 hour goal time? (Time Zero + 3 hours): _____

What is the 6 hour goal time? (Time Zero + 6 hours): _____

| To be done in less than 3 hours after Time Zero | | | | To be done in less than 6 hours after Time Zero | | |
|---|--|--|---|--|---|--|
| REPEAT VITALS SIGNS AND DOCUMENT EVERY ONE HOUR (OR MORE) FOR ALL SEPTIC PATIENTS!!!! | | | | | | |
| | | | | | | |
| Initial Lactate level collected (scan time): | Cultures obtained BEFORE giving antibiotics | Antibiotics started *Hang Vancomycin last. *Confirm Cultures scanned before starting abx *Document difficult access | 30 ml/kg fluid bolus start time: *Be Sure to repeat vital signs 1 hour after start of fluid infusion | Repeat lactate if first lactate is > 2 (scan time) *Must be drawn and scanned no later than 5 hours from the 1 st lactate. | If any lactate > 4, or patient hypotensive after fluid bolus, notify provider to complete Septic Shock Reassessment Note | If persistent hypotension, after fluid bolus, notify provider to start vasopressors. |
| Time Complete <input type="text"/> | Time Complete <input type="text"/> | Time Complete <input type="text"/> | Time Complete <input type="text"/> | Time Complete <input type="text"/> | Time Complete <input type="text"/> | Time Complete <input type="text"/> |

Any delays or issues (document here)?

Approved 8.30.16