

GUIDELINES FOR CARE OF THE ADULT PATIENT WITH SEPSIS/ SEPTIC SHOCK

Medical Staff Policies & Procedures	
Document Owner: Medical and Dental Staffs of Jersey Shore University Medical Center	Date Approved by MEC: 7/10/2018
Author Kim Carpenter, MD – Chief Medical Officer	Date Last Updated:

Policy Statement- Evidence from multiple studies suggest that early recognition and treatment for patients with sepsis and septic shock leads to improved outcomes and decreased mortality. Studies suggest that for each hour delay in treatment leads to an 8% increase in mortality.

Purpose:

To provide guidance to clinicians in the identification, evaluation and treatment of adult patients with sepsis, severe sepsis and/or septic shock.

Scope

All adult patients in the Emergency Department, medical surgical, telemetry and adult observation nursing units. Excludes Hospice

Definitions:

- SIRS: Systemic inflammatory Response Syndrome. The clinical syndrome that results from a deregulated inflammatory response or to a noninfectious insult.
- Sepsis- a systemic inflammatory response progressing to possible life threatening organ dysfunction caused by a dysregulated host response to an infection.
- Septic Shock- a subset of sepsis in which profound circulatory, cellular and metabolic abnormalities are associated with a greater risk of mortality than with sepsis alone. Septic shock is associated with refractory hypotension (MAP < 65) despite adequate fluid resuscitation and/or serum lactate \geq 4.
- Severe Sepsis/Septic Shock Worksheet: A form that is initiated which outlines the three (3) and six (6) hour bundles for sepsis management. The worksheet should be reviewed with, and given to, the next provider of care to ensure continuity with meeting the timeframes for the bundles. The worksheet is a work tool and not part of the permanent medical record. (Send *the completed forms to the Outcomes Management Depart*)
- Provider- MD, APN or PA

Emergency Department Procedure

The ED RN will:

- Complete an initial sepsis screening in triage for all adult patients presenting to the Emergency Department using the campus specific tool.
- Notify the responsible provider if patient screens positive
- Initiate the Severe Sepsis/Septic Shock Treatment Worksheet (worksheet) if the physician suspects sepsis and has initiated the Adult Sepsis order set
- Send the Worksheet with the patient to the receiving unit to aid in handoff communication and continuation of the bundles
- Document completion time of all IVF's administered

The ED Provider/attending will:

- Assess patient and provide care necessary to stabilize patient
- initiate the ED Adult Sepsis Order Set
- Follow 3 and 6 hour bundles as outlined in the Worksheet
- Complete a focused exam within 6 hours if patient presented with Lactate ≥ 4 , and/or persistent hypotension (MAP <65) despite weight-based fluid resuscitation (30ml/kg)
- Document the focused exam. Acceptable documentation per CMS includes: "Sepsis/Septic Shock focused exam performed", OR "Perfusion assessment performed" OR "I have performed a reperfusion exam".

Inpatient Protocol**The Primary RN will:**

- Ensure completion of the 3 and 6 hour bundles as outlined in the Worksheet for any patients presenting from the ED with a diagnosis of severe sepsis/ septic shock.
- Identify possible sepsis by completing the Early Warning Score (EWS) at intervals outlined in the Adult Early Warning Score Policy in med/surg and telemetry units.
- Initiate a Rapid Response for any patient with an EWS of ≥ 8

The RRT team will:

- Assess, stabilize and transport patient to higher level of care if required.
- Complete a SIRS sepsis screening on all RRT patients (pg 2 of RRT form)
- Initiate the sepsis 3 hour bundle for suspected sepsis by using the adult sepsis order set
- Communicate positive Sepsis screen to attending including actions taken, appropriate transition of care and next steps required to fulfill three and six hour bundles

Ongoing Education and Training:

- Licensed clinical professionals (including physicians APN's, PA's, RN's, LPN's, Pharmacists, Respiratory Therapists, Laboratory professionals, physical, medical and rehab personnel) will complete training on sepsis and hospital care expectations within six months of the first day of hire and annually thereafter, effective July 2018.

REFERENCES

De Backer D , Dorman T. *Surviving sepsis guidelines: a continuous move toward better care of patients with sepsis. JAMA 2017;317:807–8.*[doi:10.1001/jama.2017.00](https://doi.org/10.1001/jama.2017.00)