Severe Sepsis/Septic Shock Top Ten Checklist

TOP TEN EVIDENCE BASED INTERVENTIONS				
PROCESS CHANGE	IN PLACE	NOT DONE	WILL ADOPT	NOTES (RESPONSIBLE AND BY WHEN?)
Adopt a Sepsis Screening tool/system in the ED and/or in one inpatient department.				
Screen every adult patient during triage in the ED and/or once a shift in one identified inpatient department.				
Develop an "Alert" mechanism to provide for prompt escalation and action from care providers with defined roles and responsibilities.				
Develop standard order set or protocol linking blood cultures and lactate lab draws (blood culture = lactate level).				
Develop a process to have lactate results within 45min. Make a lactate of > 4mmol/L a CRITICAL result for prompt notification.				
Place broad-spectrum antibiotics in the ED medication delivery system to allow for antibiotic administration within 1 hour (collaborate with Pharmacy and Infectious Disease Specialist for appropriate selection).				
"Protocolize" fluid administration for sepsis patients to achieve goal of 30mL/kg crystalloid for rapid resuscitation.				
Develop an order-set or protocol for 3-hour resuscitation bundle and the 6-hour septic shock bundle that uses an "opt-out" process instead of an "opt-in" for all bundle elements with the explicit end goals of therapy.				
Ensure resources available for prompt performance of necessary imaging studies to confirm potential source of infection and intervene within 12 hours.				
Utilize a "TIME ZERO" method that also displays visual cues for the health care team for timing of interventions for the sepsis bundle (identification time).				





