

Sepsis Screening & Transfer Tool

Screen within 30 minutes of presentation to the ED  Date/Time _____	<p align="center"><b>Does the patient meet 2 or more of the following SIRS?</b></p> <ul style="list-style-type: none"> <li>• Temperature &gt;100.4 or &lt;96.8</li> <li>• Heart rate &gt; 90 bpm</li> <li>• Respiratory rate &gt;20 bpm</li> <li>• WBC &gt;12,000 or &lt;4,000 or &gt;10% bands</li> <li>• Altered mental status (recent onset)</li> </ul>	Value _____ _____ _____ _____	Time _____ _____ _____ _____	RN Initials _____ _____ _____ _____
Does the patient have any of the following documented or suspected infections?  Please circle any that apply	<ul style="list-style-type: none"> <li>• pneumonia</li> <li>• UTI</li> <li>• wound infection</li> <li>• cellulitis</li> <li>• decubitus ulcer</li> <li>• shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>• purulent wound drainage</li> <li>• urinary pain/frequency</li> <li>• cough</li> <li>• abdominal pain/distension/firmness</li> <li>• stiff neck</li> </ul>	<ul style="list-style-type: none"> <li>• nursing home/LTAC</li> <li>• recent surgery</li> <li>• immunocompromised</li> <li>• Indwelling device</li> <li>• Currently on antibiotics antibiotic use or reports of infection within the last 30 days</li> </ul>	_____ _____ _____ _____

**Time Zero for Sepsis \_\_\_\_\_ (yes to both above sections)**

Within 5 minutes of positive screen  Do not delay antibiotic administration if unable to obtain timely blood cultures	<ul style="list-style-type: none"> <li>&gt; Lab draw for stat lactate level</li> <li>&gt; Blood cultures (x2) prior to antibiotic administration</li> <li>&gt; Administer a broad- spectrum antibiotic (Give antibiotic prior to transport and within 1 hour after arrival to ED)</li> </ul> <p><b>Undifferentiated Sepsis: Antibiotic Recommendations (or your facility specific recommendations)</b></p> <p><b>First Line:</b> Zosyn 4.5 grams IV once given over 30 minutes, plus Vancomycin 20 mg/kg (rounded to the nearest 250mg, max 2000 mg) once given at a rate of 1000 mg/hr.</p> <p><b>Allergic Alternative (mild-moderate penicillin allergy):</b> Cefepime 1 gram once given as IV push over 3-5 minutes, plus Vancomycin 20 mg/kg (rounded to the nearest 250 mg, max 2000 mg) once given at a rate of 1000 mg/hr.</p> <p><b>Allergic Alternative (severe penicillin allergy):</b> Aztreonam 1 gram IV once as IV push over 3-5 minutes, plus Levofloxacin 750 mg once over 90 minutes, plus Vancomycin 20 mg/kg (rounded to the nearest 250 mg, max 2000 mg) once given at a rate of 1000 mg/hr.</p>	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
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Does the patient have one or more of the following organ dysfunctions?	<ul style="list-style-type: none"> <li>• Systolic blood pressure &lt;90</li> <li>• Mean Arterial Pressure &lt;65</li> <li>• SBP decrease &gt; 40 mm Hg from baseline</li> <li>• Creatinine &gt;2</li> <li>• Platelets &lt;100,000</li> <li>• aPTT &gt;60 seconds</li> <li>• INR &gt;1.5</li> <li>• bilirubin &gt;2</li> <li>• lactate &gt;2 mmol/l</li> </ul>	_____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
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**Time Zero for Severe Sepsis \_\_\_\_\_**

Ensure patient has 2 large bore IVs Re-check vitals q5-15 minutes	In the presence of SBP <90, MAP <65 or a drop in SBP >40 pts from last normal, OR lactate ≥ 4 mmol/l Give a RAPID infusion bolus of 30 ml/kg isotonic fluid bolus (normal saline /lactated ringers) Weight in kg _____ x 30 = _____ ml fluid Start Time: _____ Stop Time: _____ If hypotension persists after 30 ml/kg bolus, start I.V. vasopressors	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
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**Time Zero for Septic Shock \_\_\_\_\_**

Transport	Hospital transported to _____ Time patient left _____ Transport type _____ Orders for fluids present for transport _____ RN report given to _____ Date/Time: _____ Arrival time to receiving facility _____
Feedback (to be completed by receiving facility)	Time feedback provided: _____ via phone _____ email _____ to whom _____ Communication includes: <ul style="list-style-type: none"> <li>• Facility thanked for the transfer and driving down sepsis mortality!</li> <li>• Patient outcome (ICU, MS, OR,) _____</li> <li>• Patient diagnosis (if known) _____</li> </ul> Comments: _____

Fax/scan to receiving facility @ time of transfer and send hard copy with patient