




CODE SEPSIS CHECKLIST

Inpatient OB Unit Early Recognition


 Date: _____
 Patient's Room Number: _____

 *TIME ZERO: _____
 *Time Zero Inpatient: Any two of signs identified + Attending confirms suspicion for infection

| | | | | | |
|---|--|--|---|--|--|
| Recommended Best Practices | Any two SIRS symptoms below | AND | Suspected infection? | | |
| | HR>110 Temp < 36 OR between RR>20 38- 38.9°C SBP<90 WBC > 14 OR <4 FHR >160 Acute Change in Mental Status Any isolated Temp of 39° Notify MD |  | Yes  | 1. Call Rapid Response Team unless MD is available for immediate assessment and orders 2. RRT initiates Sepsis NIO (nurse initiated orders) | |
| | | No  | Continue to monitor patient | | |
| To be completed in ONE HOUR (from TIME ZERO) | | | | | |
| | While waiting for MD to arrive on floor, RRT RN to facilitate implementation as applicable | | | Result/Time/Initials | |
| 1 | <input type="checkbox"/> Call Lab stat to draw: <input type="checkbox"/> Lactate level stat | | | Draw Time(set 1) _____ Draw Time(set 2) _____ | |
| 2 | <input type="checkbox"/> Blood Cultures x 2 stat <i>(Before antibiotic, but do not delay antibiotics if unsuccessful with blood draw)</i> <input type="checkbox"/> NS or LR Bolus 500mL (wide open) [Fluid ordered: _____] | | | | |
| | Primary RN: Recheck VS every 15 mins x 2 from completion of bolus. If SBP <90 or MAP < 65. IF VS stable, repeat full set of VS every 1 hour x2; if patient deteriorates, call RRT and provider for further directions). <i>(If patient remains hypotensive after bolus, start discussion with provider about CCU admission and further fluid bolus of 30mL/kg.</i> | | | | |
| 3 | <input type="checkbox"/> IV Antibiotic (Get order from MD. Start by hour 1 from TIME ZERO) <input type="checkbox"/> Antibiotic start time: _____ <input type="checkbox"/> Notify MD of lactate level result and obtain verbal order for repeat lactate and further fluid bolus | | | | |
| To be completed by HOUR 3 (from TIME ZERO) | | | | | |
| 4 | <input type="checkbox"/> NS or LR 30mL/kg Fluid Bolus. (If septic shock present) Total calculated volume to infuse (mL/Pt weight (kg) _____ x 30mL = _____ | | | Time completed: _____ Total given: _____ | |
| To be completed by HOUR 4 (from TIME ZERO) | | | | | |
| 5 | Repeat Lactate 4 hours after first, if first lactate is >2 Repeat Lactate due: _____ (Date) at _____ (Time) (Lactate level-Critical Value = >4.0) MD Notified: _____ | | | Draw Time: _____ Result: _____ | |
| 6 | Consider Vasopressors if with remains hypotensive after 30mL/kg bolus. <input type="checkbox"/> Page MD for fluid status reassessment after completion of 30mL/kg bolus OR 4 hours of time ZERO. <i>(MD reassessment required 4 hours after start of fluid resuscitation)</i> | | | Time: _____ Fluid resuscitation (Start time): _____ Time MD page: _____ | |
| 7 | Attending: Document Reassessment of Fluid Status After Resuscitation (FOCUS 5) | | | Time: _____ | |

