**CODE SEPSIS CHECKLIST**

**Inpatient OB Unit** Early Recognition

<table>
<thead>
<tr>
<th>Date: ___________________________</th>
<th><em>TIME ZERO:</em> ___________________________</th>
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<tbody>
<tr>
<td>Patient’s Room Number:____________</td>
<td><em>Time Zero Inpatient:</em> Any two of signs identified + Attending confirms suspicion for infection</td>
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**Recommended Best Practices**

<table>
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<tr>
<th>Any two SIRS symptoms below</th>
<th>AND</th>
<th>Suspected infection?</th>
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<tbody>
<tr>
<td>HR &gt; 110</td>
<td>Temp &lt; 36 <strong>OR</strong> between 38 - 38.9°C</td>
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<tr>
<td>RR &gt; 20</td>
<td>SBP &lt; 90</td>
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<tr>
<td>WBC &gt; 14 <strong>OR</strong> &lt; 4</td>
<td>FHR &gt; 160</td>
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<td>Acute Change in Mental Status</td>
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Any isolated Temp of 39°C Notify MD

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<th>Recommended Best Practices</th>
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To be completed in ONE HOUR (from TIME ZERO)

While waiting for MD to arrive on floor, RRT RN to facilitate implementation as applicable

1. **Call Lab stat** to draw:
   - Lactate level stat
   - Blood Cultures x 2 stat
      *(Before antibiotic, but don’t delay antibiotics if unsuccessful with blood draw)*
   - **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 x 2; if patient deteriorates, call RRT and provider for further directions.*

*If patient remains hypotensive after bolus, start discussion with provider about CCU admission and further fluid bolus of 30mL/kg.*

2. **IV Antibiotic** *(Get order from MD. **Start by hour 1 from TIME ZERO**)*
   - Antibiotic start time: ________________________________
   - **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)

3. **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)

4. **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:___________

5. **Consider Vasopressors** if with remains hypotensive after 30mL/kg bolus.
   - Time: _______

6. **Page MD for fluid status reassessment** after completion of 30mL/kg bolus OR 4 hours of time ZERO.
   - (MD reassessment required 4 hours after start of fluid resuscitation)
   - Fluid resuscitation (Start time): ______
   - Time MD page: ______

7. **Attending:** Document Reassessment of Fluid Status After Resuscitation (FOCUS 5)
   - Time: ___________