

ACT FAST!

Early detection of SEPSIS requires fast action



HEALTH QUALITY INNOVATORS

If resident has suspected infection AND two or more:

- Temperature $>100^{\circ}\text{F}$ or $<96.8^{\circ}\text{F}$
- Pulse >100
- SBP <100 mmHg or >40 mmHg from baseline
- Respiratory rate $>20/\text{SpO}_2 <90\%$
- Altered mental status

Plan for:

- Review advance directive
- Contact the physician
- Contact the family

If transferring resident to hospital:

- Prepare transfer sheet
- Call ambulance
- Call in report to hospital
- Report positive sepsis screen

If resident stays in facility, consider options below that are in agreement with resident's advance directives:

- Labs: CBC w/diff, lactate level (if able)
- UA/UC, blood cultures, as able from 2 sites, not from lines
- Establish IV access for IV 0.9% @ 30ml/kg
- Administer IV, PO or IM antibiotics
- Monitor for worsening in spite of treatment, such as:
 - Urine output $<400\text{ml}$ in 24 hours
 - SBP <90 despite IV fluids
 - Altered mental status
- Comfort care:
 - Pain control
 - Analgesic for fever
 - Reposition every 2-3 hrs
 - Oral care every 2 hrs
 - Offer fluids every 2 hrs
 - Keep family informed
 - Adjust care plan as needed
- Consider transferring to another level of care such as palliative care, hospice or hospital

Every hour a resident in septic shock doesn't receive antibiotics, the risk of death increases 7.6%

Call the doctor!



Is their temperature above 100?



Is their heart rate above 100?



Is their blood pressure below 100?

And does the resident just not look right? Tell the nurse, screen for sepsis and notify the physician immediately.