ACT FAST!

Early detection of SEPSIS requires fast action



If resident has suspected infection AND two or more:

- Temperature > 100°F or < 96.8°F
- Pulse > 100
- SBP <100 mmHg or >40 mmHg from baseline
- Respiratory rate >20/SpO2 <90%
- Altered mental status

Plan for:

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

If transferring resident to hospital:

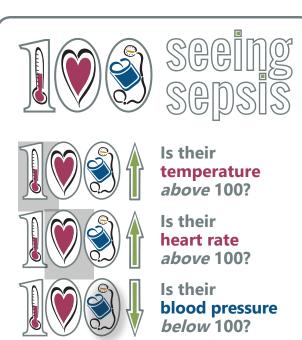
- Prepare transfer sheet
- Call ambulance
- Call in report to hospital
- Report positive sepsis screen

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 <400ml 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!



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