

# ED CODE SEPSIS Checklist

## Sepsis Recognition

### Concern for Sepsis

- Symptoms of Infection: cough, red skin, chills, rigors, dysuria, flank pain, diarrhea
- 2 SIRS Criteria:
  - Temperature >38.3 or <36.0
  - RR >20
  - HR >90

### Concern for Severe Sepsis & Time Zero for CODE SEPSIS. Time of Code Sepsis: \_\_\_\_\_

- Symptoms of Infection + 2 SIRS Criteria +
- 1 "Sepsis Game-Changer"
  - Altered Mental Status (or change from baseline)
  - SBP <90 or MAP <65
  - Immunocompromised
  - Lactic Acid >2.0

### Within 20 minutes of ED Arrival + Concern for CODE SEPSIS

- Obtain patient weight
- Undress patient and remove bandages if present
- Insert 2 large-bore PIVs
- VBG with Lactic Acid drawn *and resulted*.
- 2 blood cultures from 2 different sites
- CBC, CMP, Procalcitonin

Weight in kg: \_\_\_\_\_

Time of VBG Result: \_\_\_\_\_

### Within 10 minutes of CODE SEPSIS

- MD evaluates patient.
  - Confirms suspicion of infection/Code Sepsis & rules out Surgical Abdomen
  - OR Code Sepsis cancelled. (Reason) \_\_\_\_\_

Time of MD eval: \_\_\_\_\_

### Within 60 minutes of CODE SEPSIS

- Urinalysis and Urine Culture (Straight cath if needed)
- 30ml/kg NS infused (as appropriate for patient with reassessment after each liter).
- Indicated Imaging (CXR, CT abd, etc)

### Within 120 minutes of CODE SEPSIS

- Antibiotics ordered & initiated.
- OR Antibiotics not ordered. (Reason) \_\_\_\_\_

Time of Abx order: \_\_\_\_\_

Time of Abx initiation: \_\_\_\_\_

### Ongoing CODE SEPSIS Care

- Repeat VBG w/ Lactic Acid after NS bolus completed.
  - Repeat Lactic Acid <4 or SBP >90, MD to initiate Floor Admission.
  - Repeat Lactic Acid >4 or SBP <90, MD to consider MICU Admission and Vasopressors.
- Call Report & transfer patient

Time Report Called: \_\_\_\_\_ Time of Transfer: \_\_\_\_\_