## Sepsis – ED Process Map Phase Patient Arrives **CODE SEPSIS** altered mental status 20 min Triage Nurse Room Patient and Plus two of the OR or less Symptoms of Infection: Attending MD sees notify charge nurse SBP < 90 or MAP < 65 $following \, SIRS \\$ Cough patient in 10 criteria: and MD. <u>OR</u> Red skin minutes. Orders Lactate >2 Temp > 38.3 or Dysuria imaging. <36.0 Fever + RR >20 Chills HR >90 Rigors Back to waiting Diarrahea room, Q2 vital signs Flank Pain Triage Nurse discretion Within 120 min of Happens within 20 Within 60 min of **ED Bedside** Nurse/EMT Place IV, send VBG, 1 set of blood cultures, Within 60 minutes of Code Sepsis Procalcitonin, Urinalysis, CBC, Chemistry and repeat Administer Broad Bl Cx, UA, Urine Cluture, 30 cc/kg, vital signs. Undress patient, remove all bandages. Sepctrum Abx Imaging to be done while blood work pending. Goal **Imaging** $<\!\!60\ minutes\ from\ time\ attending\ sees\ patient.$ Surgery Consult IM resident to see patient Attending MED FLOOR FAST TRACK, seen and staffed with 20 minutes (if not Surgical confirms Sepsis with attending/ must be done before arrived w/in 20 min. disposition in 4 hrs page medicine attending from time of page) -Lactate<4 Page "INTERNAL called). -BP>90 MEDICINE FAST -Basic Labs Resulted TRACK" to medicine **CODE SEPSIS** Time Starts Here -Abx Hung(ceph first) resident. **ALERT** Evaluate Patient for -Blood Cultures **ER Provider Clinical** Call medicine **ED Provider** Order -MD has ruled out source of infection/ Judgement admissions for actate >2 or end Admitting Team appropriate surgical need. surgical abdomen Patient is young with tate >4 or SBP admit. Call bed organ **Clinical Judgement:** -If abdominal complaints Broad and follow up labs minimal or no co-<90 or other disfunction3 board (talk to Spectrum Abx Concern regarding CT abd resulted morbidities and could MICU Criteria Spencer) Group safety for floor? within 30 min -Any emergent imaging ikely get better w/in 12 present\* Page (ED Charge No Hx of: of lactate. done and resulted hours in ECU or minimally Nurse, House Sup, Coumadin Administer -Patient is completely sick and could go home Medicine) CKD fluids if undressed with all Th ombocytopenia appropriate. bandages removed. Patient moves \*CR > 2.0 Bed board is paged to floor Bili > 2.0 В Platelets < 100,000 (MICU INR > 1.5 ule out) ECU or Home BP < 90 Exit Pathway

