Suggested "SEPSIS PROTOCOL"

Review with Medical Director in conjunction with Scope of Care

Identify High Risk Residents

- Residents with an infection/actively being treated for any bacterial, viral or fungal infection; Note IV ABT on admission commonly used for MDRO's
- Residents who are immunocompromised (chemotherapy or other immunosuppressant medications or disorders)
- Residents with a central line or recent line
- Residents with an Indwelling catheter or recently d'ced catheter
- Stage III or IV wounds
- Acute pancreatitis **Recent ICU stay; recurrent infections per Hx**
- Exclusion: Hospice

Enhanced Monitoring

- Vital signs every shift to include temperature, pulse, respirations and oxygen saturation*
- Intake and output every shift (documentation of number of voids is acceptable)
- Identify/assess for any of the following signs/symptoms: **Rapid onset of acute confusion; chills or shaking; sweating; decreased urinary output; decrease of oxygen saturation from baseline or less than 90%; changes in vital signs from baseline including: tachycardia. tachypnea, hypotension, increase or decrease in baseline temperature by 2 or more degrees;and if two or more present;**
- **Rule of 100/100/100**
- Complete a focused systems assessment: including: lung sounds, urine characteristics; appearance of infection site(s) including redness, warmth or swelling; blood sugar and any other pertinent information as appropriate to existing conditions
- Reinforce the use of Stop and Watch for front line staff, family members, housekeepers, therapy

Practitioner Notification

- Identification of two or more signs/symptoms or changes from baseline require immediate practitioner notification
- Contact Practitioner, relay all assessment findings, explain that resident is on Sepsis Protocol and inquire as to appropriateness for: obtaining stat labs, for example CBC, CMP, Procalcitonin levels and blood cultures.
- Document findings per facility protocol in the clinical record
- Complete follow-up on orders received
- Report results immedately to practitioner and RP as indicated
- Maintain resident on Sepsis Protocol until infection or other high risk indicators resolve
- Review Advanced Directives>Opportunity for referral for Palliative/Hospice based on Prognosis

*it is recommended, that obtaining vital signs for this protocol not be delegated to the CNA but rather completed by the licensed nurse. Pulse and respirations should be assessed for one full minute. Verify VS equipment is calibrated with right cuff size for the resident