

### **ED Sepsis**

This Skill Sharpener is intended for providers and clinicians. It covers Sepsis processes in **FirstNet**, including **Alerts**, **Sepsis Nurse Initiated Protocol (NIP)**, **PowerPlans**, and the **Sepsis Advisor**.

#### Alerts

Abnormal vital signs, along with lab or assessment data, may trigger a SIRS, Sepsis, or Possible Septic Shock Alert. The type of alert will be denoted in the Room column on ED LaunchPoint for ease of recognition by all ED staff.



Assigned Clinicians receive all three alert types. Assigned Providers will receive Sepsis and Possible Septic Shock Alerts. These occur as recurrent pop-ups until deleted.

#### **Provider Alerts**

1. When providers open the chart of a patient with a sepsis or septic shock alert, the option to launch the **Sepsis Advisor** or to **Acknowledge & Document** the notification will appear.





2. If electing not to launch the Advisor, document the appropriate acknowledgement.

	Severe Sepsis Provider Acknowledgement - I
🗸 🖬 🛇   🕱 🌠 🛧 🔸   🎟 🖾 🖹	
*Performed on: 09-Mar-2018	
✓ Sepsis/Septic Sh	< Provider Acknowledgement
Reason Sepsis/Septic Shock Acknowledged Sepsis criteria met but Sepsis ruled out	
Sepsis criteria met due to infectious source; started Protocol     Patient is already on a sepsis protocol     Other	Sepsis vs Septic Shock Sepsis: (Met within 6 hours of each other)
Other Reason Sepsis/Septic Shock Acknowledged	<ol> <li>Documentation of a suspected source of clinical infection</li> <li>Two or more SIRS criteria</li> <li>At least one sign of Organ Dysfunction</li> </ol>
	Septic Shock:
	1. Sepsis AND 2. Tissue hypoperfusion persists after crystalloid fluid administration OR Lactate Level is >= 4mmol/L

#### **Clinician Documentation of Alerts**

1. All alerts will also appear in the **Nursing Activities** column on your **ED LaunchPoint** 

screen and Clinicians are tasked with the documentation. **Click** on the **number** in your **Nurse Activities Column**.



NOTE: Remember, you can hover over the number in the Nurse Activities Column to see your outstanding activity details.

2. The Single Patient View window will open.

Image: Solution of Contract of Contra			
1 Assessments		0	
ED Assessment Adult 27-Feb-2018 10:18 PST, Stop: 27-Feb-2018 10:18 PST, ED Assessment Adult Comments: Order placed due to patient arrival to the Emergency Department			ŧ
1 Patient Care	<b>□</b> €	8	
Possible SIRS 27-Feb-2018 10:18 PST, Stop: 27-Feb-2018 10:18 PST, Possible SIRS Comments: SRS Criteria: 27/02/18 10:15:00 Peripheral Pulse Rate = 126 bpm (H) [greater than or equal to 95][27/02/18 10:15:00 Temperature Oral = 39.9 C (H) [greater than or equal to 38.3]][27/02/18 10:	60°	E	ŧ

- 3. Click the checkboxes beside the **Nurse Review** <sup>I</sup><sup>≪</sup> icon and the **Document** <sup>I</sup><sup>■</sup> icon.
- 4. Next, click the **Review (1) and Document (1)** Review (1) and Document (1) button from the bottom right-hand corner of your Single Patient View window.
- You will be taken to the Provider Notification section within the Activity View band on your IView screen. Document the reason for Provider notification and any other relevant information here.

in 🖪	27-Fe	b-2018	
R 📈	10:21 PST	10:19 PST	
Provider Notification			
Provider Notification			
Provider Notification Reason		Suspected	
Provider Notification Details		verbal	
Unable to Reach Provider			
Provider Informed		Plisvcb, Stu	
Physician Requested Interventions		Physician Req	uested Interventions  🗙
		✓ Orders rec	eived
		No orders	received
		🗹 Continue t	o monitor
		Other	

## **Deleting Alerts**

1. Click the red **X** icon in the left hand corner of the **Discern Notification** Window to delete alerts.





IMPORTANT: Deleting an Alert will delete it from *your* view. Other Clinicians and Providers who are assigned to this patient will still receive an alert on this patient when the chart is opened.



# **Sepsis Nurse Initiated Protocol (NIP)**

- 1. Navigate to the **PowerPlans folder** in **ED Nursing Quick Orders** page.
- 2. Expand the **Triage Adult** section and select the **NIP ED Triage Sepsis PowerPlan**. Click the green **Orders for Signature** envelope.



- 3. When the Orders for Signature window is open, select Modify to review your order details.
- 4. The **Ordering Physician** window will now open. Enter the ordering Physician's **name** and select the **Communication Type.**



NOTE: Several items have intentionally been left unselected and require consultation with the attending physician prior to ordering. Follow your site specific policy for guidance.

5. Review orders and modify as required; when satisfied, click **Orders for Signature**, and then click **Sign**.

#### **Provider Steps - ED Sepsis PowerPlans and Sepsis Advisor**

- 1. Navigate to Frequent Conditions/Power Plans folder in the ED Quick Orders page.
- 2. Expand the **Sepsis/Fever** section and select the **ED Sepsis (Adult) PowerPlan**. Click the green **Orders for Signature** envelope to modify.

### **ED Sepsis**



Frequent Conditions/Power Plans	≣∙⊗
Cardiac / Chest Pain	
► DTU Orders	
General Orders	
▶ GI/GU	
Hip Pain and MSK	
Mental Health/Toxicology	1
Metabolic	
Neurology	
Respiratory	
⊿ Sepsis / Fever	
ED Sepsis (Adult) (Validated) ED Seps	sis
(Adult) (Validated)	

NOTE: To avoid duplication of tests, the Sepsis PowerPlan was designed assuming the Sepsis Nurse Initiated Protocol has been ordered for most patients following triage; there are few pre selections.

- 3. Review and select Orders as appropriate. Remember the **PowerPlan Sub-phase** icon means there are additional specifications you can select. Click Orders for Signature.
- 4. Unless manually de-selected, the Sepsis Advisor opens at this time. It requires a documented weight and allergy status. Click Height Weight Allergy Rule to document the required information, click **Continue** to proceed (weight is not required).
- 5. The first section is the Patient's Current Condition. Use the drop down arrow to select what the patient is showing signs of. Recent documented antimicrobial use (in and out patient), vital signs, allergies, and documented lab/microbiology results are also displayed here for review.

s patient shows signs of: Sepsis Sev	erity Definitions	Last Alert: SIRS	5 26/02/2018 1	6:10						
rgies Severe Sepsis	R	elevant Results				Antibiotics				
Encounters	La	st 96 hours				Last 90 Days				
Known	c	reatinine	† 150 umol/L		26/02/2018 11:00	Antibiotic	Order Type	Order Details	Last Dose	Duration
e gies	v	VBC Count	7.0 x10 9/L		26/02/2018 11:00	clarithromycin	ko/Discharge	1 tab, PO, q12h, for 5 day, 14 tab, 0 Refil(s)	-	5 day
robiology				Vital Signs						
to Results ture Source/Body Site Collection Dt/Tm	Result	Omanism	Status	Last 96 Hours	Late	a.		Previous		Prevácus
results found		urger tern	and the second s		Temp	-				
					BP 11	1/68 26/02/2018	16:09	-		
					MAP 82	26/02/2018 16:09		-		
					up 11	20 20102000	- 00	1110 2012 2010 10:00		
					11 70	20/02/2018 10	2009	1110 20/02/2018 10:09		
					RR 12	2 26/02/2018 16:0	09	-		
				Diastolic Bk	ood Pressure 68	26/02/2018 16:09		-		
					26/02/2018 16:09	-				
				Map less than o	r equal to 65 or Si	BP less than or e	equal to 90			
uspected Infection Sources										
ect up to two (2) suspected sources										
Patient displays no signs or symptoms of infection.										
Source Unclear (Not Neutropenic)		Intravascular Cat	heter/ Suspected	Endocarditis*		Pheumonia				
Biliary Source	Meningitis/Encephalitis*									
Chorioamnionitis/Intra Amniotic		Necrotizing Fasciitis/ Myositis*								
Febrile Neutropenia		Joint Infection/Se	eptic Arthritis*			Wound Infectio	on <sup>#</sup>			
Intra-Abdominal Source*										
spected Infection Factors										
in/Soft Tissue (Cellulitis)										
Non-Diabetic	Dia	betic								
			-							



## **ED Sepsis**





NOTE: Any text highlighted in blue, such as RR, can be clicked on for more detail.

- 6. Select up to two **Suspected Infectious Sources**. Your selections may prompt the entry of further information, such as particular risk factors or comorbid conditions. Enter the required information and click **Select Recommendations**.
- 7. The **Select Recommendations** section will now open. **Creatinine Clearance** results will be pulled in if available. Choose whether the patient requires **normal** or **renal dosing** (do not select dialysis this function has been disabled).
- 8. Recommended **antibiotic** choices will appear. Make your selection(s), and click **Confirm** when complete. The Clinician will be tasked with the ordered medications as usual.

Select Recommendations	^
⊿ Currently Active Relevant Medications	
Medication Orders No results found.	tion other than sepsis and continue until the time of presentation with sepsis.
⊿ Special Dosing Recommendations	
Renal Function Creatinine Clearance: Estimated Creatinine Clearance:	The weight being used in the advisor is a Measured weight: 70 kg
O Normal Dosing O DO NOT USE	<ul> <li>Renally adjust dose using:</li> <li>Greater than or equal to 40 but less than 50 V</li> <li>Dialysis Patient:</li> </ul>
Antibiotic Recommendations	
Pharmacologic - Please choose up to 1 pharmacologic option.	
CeFAZolin 2,000 mg, IV, q12h, sepsis instructions: for non-purulent cellultis	vancomycin 25 mg/kg, IV, once vancomycin 15 mg/kg, IV, q24h
▶ COLLAPSE	
COLLAPSE	
	Confirm
Reset	Exit