

# Evaluation for Severe Sepsis Screening Tool

**Instructions:** Use this optional tool to screen patients for severe sepsis in the emergency department, on the medical/surgical floors, or in the ICU.

**1. Is the patient's history suggestive of a new infection?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Pneumonia, empyema         | <input type="checkbox"/> Bone/joint infection            | <input type="checkbox"/> Implantable device infection |
| <input type="checkbox"/> Urinary tract infection    | <input type="checkbox"/> Wound infection                 | <input type="checkbox"/> Other infection              |
| <input type="checkbox"/> Acute abdominal infection  | <input type="checkbox"/> Blood stream catheter infection | _____   |
| <input type="checkbox"/> Meningitis                 | <input type="checkbox"/> Endocarditis                    |   |
| <input type="checkbox"/> Skin/soft tissue infection |  |   |

Note: removed chills and rigors

\_\_\_ Yes \_\_\_ No

**2. Are any two of following signs & symptoms of infection both present and new to the patient? Note: laboratory values may have been obtained for inpatients but may not be available for outpatients.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hyperthermia > 38.3 °C (101.0 °F) | <input type="checkbox"/> Tachypnea > 20 bpm                                   | <input type="checkbox"/> Hyperglycemia (plasma glucose >140 mg/dL) or 7.7 mmol/L in the absence of diabetes |
| <input type="checkbox"/> Hypothermia < 36 °C (96.8°F)      | <input type="checkbox"/> Leukocytosis (WBC count >12,000 $\mu\text{L}^{-1}$ ) |   |
| <input type="checkbox"/> Altered mental status             | <input type="checkbox"/> Leukopenia (WBC count < 4000 $\mu\text{L}^{-1}$ )    |   |
| <input type="checkbox"/> Tachycardia > 90 bpm              |   |   |

Note: Change from >120 mg/dL to >140 mg/dL

\_\_\_ Yes \_\_\_ No

If the answer is yes, to both questions 1 and 2, *suspicion of infection* is present:

- ✓ Obtain: **lactic acid, blood cultures**, CBC with differential, basic chemistry labs, bilirubin.
- ✓ At the physician's discretion obtain: UA, chest x-ray, amylase, lipase, ABG, CRP, CT scan.

**3. Are any of the following organ dysfunction criteria present at a site remote from the site of the infection that are NOT considered to be chronic conditions? Note: in the case of bilateral pulmonary infiltrates the remote site stipulation is waived.**

- SBP < 90 mmHg or MAP <65 mmHg
- SBP decrease > 40 mm Hg from baseline
- Creatinine > 2.0 mg/dl (176.8 mmol/L) or urine output < 0.5 ml/kg/hour for 2 hours
- Bilirubin > 2 mg/dl (34.2 mmol/L)
- Platelet count < 100,000  $\mu\text{L}$
- Lactate > 2 mmol/L (18.0 mg/dl)
- Coagulopathy (INR >1.5 or aPTT >60 secs)
- Acute lung injury with PaO<sub>2</sub>/FiO<sub>2</sub> <250 in the absence of pneumonia as infection source
- Acute lung injury with PaO<sub>2</sub>/FiO<sub>2</sub> <200 in the presence of pneumonia as infection source

Note: Change from bilateral infiltrates to include acute lung injury criteria

\_\_\_ Yes \_\_\_ No

If *suspicion of infection* is present AND *organ dysfunction* is present, the patient meets the criteria for SEVERE SEPSIS and should be entered into the severe sepsis protocol.

Date: \_\_\_/\_\_\_/\_\_\_ (circle: dd/mm/yy or mm/dd/yy)

Time: \_\_\_:\_\_\_ (24 hr. clock)