# Sepsis Alert Checklist

**Severe sepsis** = 2 or more SIRS criteria, a suspected infection source, and signs/symptoms of new acute organ dysfunction.

<table>
<thead>
<tr>
<th>Time Zero</th>
<th>Date</th>
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<tbody>
<tr>
<td>Time</td>
<td>RN initials</td>
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## Within 5 minutes
- For Inpatient: Call 2-3131 (WMC) or overhead page (WW) to activate the **Sepsis Rapid Response Team**.
- For Main ED: Call 2-3131 to activate **Sepsis Alert**.
- Document time sepsis team arrives to patient’s bedside – repeat call if team not at bedside within 5 minutes.

## Within 15 minutes
- Sepsis order bundle initiated by Dr.
- Lab draw for **STAT Lactate level** (green top tube on ice) and **Blood Cultures** (x2)
- Obtain antibiotics from Pyxis – notify pharmacy if antibiotics are not in Pyxis for STAT delivery.

## Within 60 minutes
- **Start Broad Spectrum IV antibiotics** after the cultures are drawn.
- In the presence of SBP <90, MAP<65 or drop in SBP>40 pts from last normal, OR lactate ≥4, give a **RAPID** infusion bolus of 30ml/kg (normal saline or lactated ringers).

\[
\text{Weight in kg} \times 30 = \text{ml of fluid (chart both start and stop times)}
\]
- If initial lactate level is >2, draw a **repeat lactate level** within 4 hours of positive sepsis screen. (lactate order will be reflexed automatically)
- If **hypotension persists** after 30ml/kg bolus, or lactate ≥ 4 = **Septic Shock Time**
- **Start IV vasopressors** for persistent hypotension.
- **Provider to perform focused exam** within 4 hours of Septic Shock time.

Discussion must occur with the attending MD re: patient condition and implementation of the sepsis bundle (lactate, blood cultures and IV antibiotics).

RN ______________________

Not part of the medical record – Please return to Unit Clerk to route to Sepsis Coordinator.

Patient barcode