Sepsis
Teaching Points for Inpatient RN, LVN

Important background:
- Sepsis is one of the leading causes of death in hospitals
- Sepsis kills MORE people annually than breast cancer, colon cancer, and HIV COMBINED!!
- Sepsis can present in any patient, in any clinical setting
- There is a SMALL window of opportunity to make a difference for these patients. The focus is on early recognition and early intervention
- Joint Commission Core Measures are quality measures to ensure best patient outcomes; Sepsis is a Core Measure
- UC San Diego data shows more patients are dying with sepsis than expected

What can you do?
- Know the signs:
  - Sepsis Defined: a new suspected infection in a patient meeting 2 or more of the Systemic Inflammatory Response Syndrome (SIRS) criteria; SIRS that is secondary to infection that has been diagnosed clinically
  - SIRS criteria:
    - Temperature >38.3°C or <36°C
    - Tachycardia > 90bpm
    - Tachypnea > 20 bpm
    - Leukocytosis >12 or leukopenia <4 or >10% bands
  - Severe Sepsis: documented or suspected infection with 2 or more SIRS criteria AND one or more signs of organ dysfunction from sepsis, and is not explained by other known etiology of organ dysfunction
    - Patients that appear to meet the definition of sepsis or severe sepsis, but are deemed NOT septic, should have a physician note entered indicating that the patient is not septic
- Initiate a Code Sepsis if you suspect that patient meets sepsis or severe sepsis criteria (x6111)
  - Notify primary provider that code sepsis was initiated
- RRT RN and RRT RT will respond; Pharmacy will be available to facilitate antibiotic selection and delivery
- RRT RN will provide a bedside tool to be used as a reference for all required interventions
- The primary provider will be directed to implement the Code Sepsis order set, which will direct necessary interventions (i.e. labs, IV bolus)
- Nursing will document all interventions on the Code Sepsis flowsheet
- Sepsis is a clinical emergency
- Early recognition and intervention saves lives

Source: MCP 803.4, Laura Dibsie, Brenna Lawrence