

SFMH Intensive Care Burn Unit Sepsis Standardized Procedure for Nursing

March 13, 2013

SEPSIS or Suspected Infection

STANDARDIZED NURSING PROCEDURES

<p>Documented Infection with Sepsis (any one of the following):</p> <ul style="list-style-type: none"> • Visibly infected wound with one sign of <u>suspected infection</u> • Hypotension requiring vasopressors • Pathogen identified in blood or urine culture in last 48 hours • Burn > 20% with two signs of <u>suspected infection</u> • Any three signs of <u>suspected infection</u> 	<ol style="list-style-type: none"> 1. <u>IF NOT DONE IN LAST 48 HOURS</u> Place orders as a “Standardized Procedure” and obtain the following: <ul style="list-style-type: none"> • Blood Cultures x 2 (peripheral draw only) • Sputum gram stain and culture <u>if patient intubated</u> • Urinalysis and Urine Culture • Wound Culture (Obtain specimen in O.R. of most suspicious wound, otherwise send with next dressing change) 2. Order and obtain stat Lactate level (if not obtained within last 24hrs) 3. Order labs for A.M. (CBC, Chem 8, and Lactate level) 4. DOCUMENT rationale for initiating standardized procedure for Sepsis in SBAR note.
<p>Signs of Suspected infection (include any of the following):</p> <ul style="list-style-type: none"> • Temp > 39 or < 36.5 • Low platelets (Plt < 100, or <150 and declining on last 3 draws) • Inability to continue enteral feedings for last 12 hours due to abdominal distention, or high residuals • Unexplained hyperglycemia (serum glucose >250) • Increasing oxygen demands (Nasal cannula increased by 4 L/min, or FIO2 on vent increased by 20%) • Increased sputum production (frequent suctioning or change in color or consistency of sputum) • WBC > 15 persisting for more than 24 hours after surgery, or >10, and trending upward on 3 consecutive blood draws • CHANGE in mental status (unexplained by medication) • Hypotension requiring > 2 fluid boluses in 8 hours 	<ol style="list-style-type: none"> 1. <u>IF NOT DONE IN LAST 5 DAYS</u> Place orders as a “Standardized Procedure” and obtain the following: <ul style="list-style-type: none"> • Blood Cultures x 2 (peripheral draw only) • Sputum gram stain and culture <u>if patient intubated</u> • Urinalysis and Urine Culture • Wound Culture (Obtain specimen in O.R. of most suspicious wound, otherwise send with next dressing change) 2. Order labs for A.M. (CBC, Chem 8, and Lactate level) 3. DOCUMENT rationale for initiating standardized procedure for Suspected Infection in SBAR note.

MANDATORY NOTIFICATION OF MD ON REVERSE SIDE

Required Notification of MD

<p>Documented Infection with Sepsis (any one of the following):</p> <ul style="list-style-type: none"> • Visibly infected wound with one sign of <u>suspected infection</u> • Hypotension requiring vasopressors • Pathogen identified in blood or urine culture in last 48 hours • Burn > 20% with two signs of <u>suspected infection</u> Any three signs of <u>suspected infection</u> 	<p><u>NOTIFY MD OF:</u> Ask to Consider:</p> <ul style="list-style-type: none"> • STAT Antibiotics • Discontinuation of current antibiotic • Consultation with Infectious Disease, and /or Intensivist • Additional Labs (PT/ INR, Chem-14, Ca++, ABG, Troponin, Lipase, etc) • Optimize IV fluids (CVP > 15 non-intubated, 10 -14 if intubated, and/ or urine output 0.5 ml/kg/hr • Wound Care orders (addition of, or change to existing orders) • Other tests (Radiologic, change central line, etc)
<p>Signs of Suspected infection (include any of the following):</p> <ul style="list-style-type: none"> • Temp > 39 or < 36.5 • Low platelets (Plt < 100, or <150 and declining on last 3 draws) • Inability to continue enteral feedings for last 12 hours due to abdominal distention, or high residuals • Unexplained hyperglycemia (serum glucose >250) • Increasing oxygen demands (Nasal cannula increased by 4 L/min, or FIO2 on vent increased by 20%) • Increased sputum production (frequent suctioning or change in color or consistency of sputum) • WBC > 15 persisting for more than 24 hours after surgery, or >10, and trending upward on 3 consecutive blood draws • CHANGE in mental status (unexplained by medication) Hypotension requiring > 2 fluid boluses in 8 hours 	<p><u>NOTIFY MD OF:</u> Ask to Consider:</p> <ul style="list-style-type: none"> • Additional Labs (Chem-14, Troponin, Lipase, etc) • Change in antibiotics • Specialist consultation • Other (Chest x-ray, CT scan, MRI, Ultrasound, ABG, EKG, change central line, etc.)