

## Bothin Burn Center: Early detection and Goal Directed Therapy of Sepsis Protocol

### Physician Order Set/Nursing Standardized Procedure

Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### **Rationale to initiate Sepsis Protocol (check all that apply):**

**Documented Infection** with Sepsis, criteria to initiate sepsis protocol, any one of the following:

- Visibly infected wound with one sign of sepsis (see list below)
- Hypotension requiring vasopressors
- Pathogen identified in blood or urine culture sent in the last 4 days
- Burn > 20% with two signs of sepsis (see list below)
- Any Three signs of sepsis (see below)

Signs of possible Infection/**Suspected Infection** include any of the following:

- Temp >39.0 or <36.5
- Low platelets (platelets <100, or <150 and declining on 3 consecutive draws)
- Inability to continue enteral feedings for a period of 12 hours due to: abdominal distension or high gastric residuals
- Unexplained hyperglycemia (serum glucose >250)
- Increasing Oxygen demands (O<sub>2</sub> by nasal cannula increased by 4L/min, or FiO<sub>2</sub> on vent increase of 20%)
- Increased sputum production (patient requiring frequent suctioning, or change in color or consistency of sputum)
- High WBC (WBC >15 persisting more than 24 hours after surgery, or >10 and trending up on 3 consecutive blood draws)
- CHANGE in mental status (unexplained by medications)
- Hypotension requiring >2 fluid boluses in 8 hours

**For documented Infection/Sepsis, nurse to initiate:**

1. Culture, if not done in last 48 hours:

- Blood cultures x2 (Peripheral Draws)
- Sputum gram stain and culture if patient is intubated
- Urinalysis and urine culture
- Wound culture, site: \_\_\_\_\_ (please obtain specimen in the OR of most suspicious wound, otherwise send with next scheduled dressing change, preferably post-tubbing)

2. Order and obtain stat Lactate Level (*if not obtained in last 24 hours*)

3. Order Labs for AM: CBC, Chem 8 and Lactate Level

4. Physician to be notified of any new signs of sepsis. Physician to consider the following:

a. Stat antibiotics: \_\_\_\_\_

- Consider discontinuation of current antibiotic

b. Consultation with ID consultant and/or intensivist: \_\_\_\_\_

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- c. Additional labs: PT/INR, Chem-14, Ca++, ABG, Troponins, Lipase, etc.)
- d. Optimize IV fluids: \_\_\_\_\_ (please clarify goals, e.g., CVP > 15, intubated 10-14 - rate, urine output up to .5ml/kg/hr)
- e. Wound care orders:
  - o No change
  - o Change to (specify site): \_\_\_\_\_
- f. Other (radiologic tests, change central line, etc.): \_\_\_\_\_

#### For the presence of ANY one sign of possible/suspected infection, nurse to initiate:

1. Culture, if not done in last 5 days:
  - o Blood cultures x2 (Peripheral Draws)
  - o Sputum gram stain and culture if patient is intubated
  - o Urinalysis and urine culture
  - o Wound culture, site: \_\_\_\_\_ (obtain specimen in the OR if possible from most problematic site, otherwise with next scheduled dressing change, preferably post tubbing)
2. Order Labs for AM: CBC, Chem 8 and Lactate Level
3. Physician to be notified of any new signs of possible sepsis. Physician to consider:
  - a. Additional labs (e.g., Chem 14, Lipase, Troponins)
  - b. Change in antibiotics: \_\_\_\_\_
  - c. Specialist Consultation: \_\_\_\_\_
  - d. Other (Chest x-ray, CT scan, MRI, Ultrasound, ABG, ABG, EKG, change central line, etc.): \_\_\_\_\_

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#### **References:**

Greenhalgh et al , November/December 2007. American Burn Association Consensus Conference to Define Sepsis and Infection in Burns, *Journal of Burn Care and Research*.

Bone et al, June 1992. Definitions for Sepsis and Organ Failure and Guidelines for the Use of Innovative Therapies in Sepsis. *ACCP/SCCM Consensus Conference*.

Steer, JA, Papini RP, Wilson, AP, McGrouther DA, Parkhouse N., May 22, 1996 Pgs. 177 to 181. Quantitative Microbiology in the Management of Burn Patients. *Department of Microbiology, University College London Hospitals, U.K.*

Church, Elsayed, Reid, Winston, Lindsay, 2006. Burn Wound Infections. *Clinical Microbiology Reviews Vol. 19, No.2.*

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**STANDARDIZED PROCEDURE FOR PERFORMANCE OF INTERDEPENDENT FUNCTIONS BY REGISTERED NURSES IN THE INTENSIVE CARE BURN UNIT**

1. Function(s): Perform assessment, interventions and interdependent functions in accordance with the Sepsis Protocol.
  
2. Circumstances under which a Registered Nurse may perform function:
  - a. Interdependent functions may be performed when competencies related to performance in accordance with this standardized procedure are assessed and documented.
    - i. Setting: Practicing in accordance with this protocol is conducted by registered nurses in the Intensive Care Burn Unit
    - ii. Supervision: Supervision in performance of the interdependent functions outlined in this protocol is not required
  
3. Method of initial and continued evaluation of competence: All registered nurses in the Intensive Care Burn Unit will perform competencies specific to this protocol upon hire. Subsequent competencies will be performed during the annual nursing competency process. All competency assessments will be documented and maintained by the Education Department.
  
4. Review Schedule: This standardized procedure will be reviewed every two years or as designated by practice changes.

Responsible Position	Approval Date
CNO/COO	08/15/2017
Director / Medical Director, ICB	08/2017
Sponsoring Department or Committee	Approval Date
Other Approvals	Approval Date
Medical Executive Committee	08/17/2017
Board of Trustees	09/07/2017
Past Approval Dates 08/2014	