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 (O2 by nasal cannula increased by 4L/min, or FiO2 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: ________________________

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:
   - Blood cultures x2 (Peripheral Draws)
   - Sputum gram stain and culture if patient is intubated
   - Urinalysis and urine culture
   - 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.*