

Sepsis Rounding

Purpose:

- Identify patients who are in severe sepsis or septic shock and ensure they have received appropriate, evidence-based treatment bundles.
- Identify gaps or issues in early identification and application of evidence-based treatment bundles.
- Educate the patient, patient's family and members of the health care team on sepsis, early identification and evidence-based management. See patient education materials [here](#).

Information Needed Prior to Rounding:

- List of all patients with lactate ≥ 2 mmol/L drawn within prior 24 hours (name, room number, date, time drawn, results); *OR*
- List of patients who have screened positive for sepsis, severe sepsis or septic shock (utilize EHR to develop patient list pulled from RN routine screening); *OR*
- List of all patients who had a severe sepsis or septic shock alert (electronic or paged); *OR*
- Additional case findings in ICU: talk with charge RN and review unit's master list of patients (name, admitting diagnosis, vasoactive drips, etc.) to determine additional patients at risk for developing sepsis to round on.

Performing Rounding:

- Review case charts.
 - Did the patient meet sepsis criteria, screen positive for sepsis or severe sepsis or have an elevated lactate? When was time zero? Were the appropriate bundle interventions completed (in ED, ICU or another unit) in an appropriate timeframe? Was sepsis checklist completed? Work with RN and providers to complete missing interventions as soon as possible (e.g., complete 30 mL/kg fluid bolus, repeat lactate or documented reassessment).
 - What is the status of the patient now – are they still screening positive or have they improved based upon treatment?
 - After the case review, if the interventions were not completed appropriately, talk with bedside RN to understand why. Identify barriers and opportunities for improvement. Fact-find, coach or educate staff and providers, as appropriate.
- Repeat with each case.
- Prioritize cases to round on based on issues found, timeliness of presentation and ability to intervene in the course of treatment.