

Severe Sepsis – Septic Shock Checklist

Date: _____

Time Zero Severe Sepsis: _____ Time Zero Septic Shock: _____

Time ED Code Sepsis Paged: _____ Time RRT Paged (inpatient): _____

Severe sepsis: known or suspected infection plus 2 or more SIRS plus new organ dysfunction (see screening tool)

Initials	Date and Time	Sign, Date and Time Below	Nurse to complete ALL Interventions as quickly as possible and within 3 hours or less from time zero
		Physician Order: Obtain orders for Severe Sepsis Bundle	
		IV Access: Obtain 18 gauge or larger if possible <input type="checkbox"/> Attempted but unable to obtain	INITIAL LACTATE RESULT:
		Lactate Sent: Send initial lactate stat if not done already, call stat <input type="checkbox"/> Attempted but unable to obtain specimen	
		Blood Cultures Sent: Obtain prior to antibiotics – send 2 sets from peripheral sites DO NOT DELAY ANTIBIOTICS more than 30 min to get BC if difficult stick <input type="checkbox"/> Attempted to draw blood cultures prior to antibiotics, unable to obtain specimen	
		IV Antibiotic Given STAT: DO NOT HOLD ANTIBIOTICS if going to OR, give now GOAL: Give 1st antibiotic within 1 hour of severe sepsis (give Vanco 2nd due to infusion time required) Date and time of each antibiotic that was started within 3 hours Cefepime 2g _____ Zosyn 4.5g _____ Vanco (if ordered give 2nd) _____ Cipro 400mg _____ Ceftriaxone 2g _____ Other(s): _____	
		Initial IV Fluid Bolus Completed: Administer 30 mL/kg 0.9% sodium chloride or lactated Ringers bolus for a lactic acid level ≥ 4 (regardless of BP) or SBP < 90mmHg or MAP < 65mmHg RAPIDLY INFUSE entire bolus amount over 1 hour Monitor for improvement in BP, HR, urine output, etc. Document BOLUS START TIME	WEIGHT – BASED BOLUS AMOUNT: Actual Weight in kg: _____ x 30ml = _____ml <input type="checkbox"/> START TIME DOCUMENTED IN EMR
		Repeat Lactate Sent: SEND IMMEDIATELY AFTER IVF BOLUS if initial lactate was > 2. If transferred before recheck: INFORM ACCEPTING RN UPON HANDOFF OF NEED TO SEND REPEAT LACTATE <input type="checkbox"/> Attempted to draw blood but was unable to obtain.	REPEAT LACTATE RESULT:
		Post-Bolus Vital Signs Recorded: Minimum of 2 full sets VS (including TEMP) recorded: IMMEDIATELY and 15 min AFTER IVF BOLUS completed <input type="checkbox"/> VS CHARTED IN EMR (if SBP < 90 or MAP < 65 we need VS q30 min times 4 hours)	
The next 2 items to be completed for patients meeting SEPTIC SHOCK criteria (within 6 hours of time zero): severe sepsis plus SBP less than 90mm/HG or 40mm/HG decrease from baseline after initial fluid bolus or requires vasopressors OR INITIAL lactate 4 or more regardless of SBP			
		Vasopressors Applied: Required if hypotensive (SBP < 90mmHg or MAP < 65 mmHg) despite IVF bolus of 30mL/kg Requires physician order – Norepinephrine is 1st choice OR Not required – hypotension not present	
Initials		RN Signature	
Initials		RN Signature	
Initials		RN Signature	
		Medical Provider Documented Post IVF Bolus Shock Re-Assessment Exam: I have completed a focused sepsis exam. Date exam was performed: _____ Time exam was performed: _____ Provider Signature: _____ Provider Printed Name: _____ OR check 2 of the following: <input type="checkbox"/> Measure CVP <input type="checkbox"/> Bedside cardiovascular ultrasound * <input type="checkbox"/> Measure ScvO2 <input type="checkbox"/> Passive leg raise or fluid challenge* *Please document findings in a progress note	

