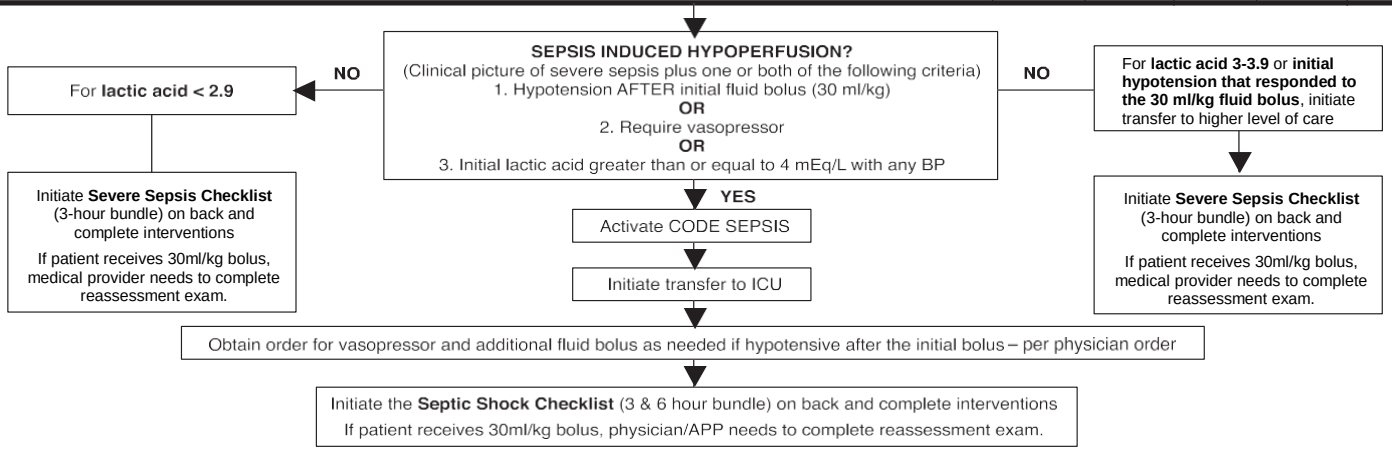
Inpatient Units
Severe Sepsis Screening Tool

Severe Sepsis = Infection + SIRS + Organ Dysfunction

Directions: The screening tool is for use in identifying patients with severe sepsis. Screen each patient upon admission, once per shift and PRN with change in condition.

DATE:					
TIME:					
I. SIRS-Systemic Inflammatory Response Syndrome (two or more of the following) current values:					
Temperature greater than or equal to 101°F or less than or equal to 96.8°F					
Heart Rate greater than 90 beats/minute					
Respiratory Rate greater than 20 breaths per minute					
WBC greater than or equal to 12,000/mm3 or less than or equal to 4,000/mm3 or greater than 0.5 K/uL bands (in last 24 hours)					
Negative screen for severe sepsis (Please initial)					
If check two of the above, move to II					
II. Infection (one or more of following):					
Suspected or documented infection					
Antibiotic Therapy (not prophylaxis)					
If check none of above – Negative screen for severe sepsis (Please initial) – answer infection question NO in I-View					
If check one of the above – answer infection question YES in I-View, obtain serum lactic acid per protocol and move to III					
III. Organ Dysfunction (change from baseline) (one or more of the following in an organ system distant from the infection)					
Respiratory: SaO2 less than 90% OR increasing O2 requirements					
Cardiovascular: SBP less than 90mmHg OR 40mmHg less than baseline OR MAP less than 65mmHg					
Renal: urine output less than 0.5ml/kg/hr; creatinine increase of greater than 0.5mg/dl from baseline					
CNS: altered consciousness (unrelated to primary neuro pathology) Glascow Coma Score less than or equal to 12					
Hematologic: platelets less than 100,000; INR greater than 1.5					
Hepatic: Serum total bilirubin greater than or equal to 2mg/dl					
Metabolic: Serum lactic acid greater than 2mEq/L					
Negative screen for severe sepsis (please initial) **If one item is checked in section III, patient has screened positive for severe sepsis**					
1. Call rapid response team					
2. Call physician, physician assistant or nurse practitioner					
3. Initiate or ensure IV access (2 large bore IV's if no central access)					
4. Obtain a venous blood gas (peripheral draw), serum lactic acid, CBC (if it has been greater than 12 hrs since last test), two sets of blood cultures (if greater than 24 hours since last set)					
5. If patient is hypotensive: Give crystalloid (NS) fluid bolus – 30ml/kg over one hour or as fast as possible unless known EF is less than 35% or active treatment for heart failure.					



RN Signature & Initial:		

Severe sepsis screening tool template courtesy of Pat Posa RN, BSN, MSA, CCRN-K, FAAN, St. Joseph Mercy Hospital. Ann Arbor, Mich.