



# Sepsis Screening

(PERFORM AT EACH PATIENT VISIT/ENCOUNTER)

## ASSESS FOR POTENTIAL INFECTION SOURCE

COMMON SOURCES: UTI, PNEUMONIA, ABDOMINAL INFECTIONS, WOUNDS, CATHETER/DRAIN, INFLUENZA

### ASSESS FOR ANY OF THE FOLLOWING SEPSIS SYMPTOMS:

- S:** SHIVERING (FEVER/CHILLS)
- E:** EXTREME PAIN
- P:** PALE SKIN OR CHANGES IN SKIN COLOR
- S:** SLEEPY, DIFFICULTY TO ROUSE, CONFUSION
- I:** "I FEEL LIKE I MIGHT DIE"
- S:** SHORTNESS OF BREATH, WEAKNESS

### ASSESS FOR 2 OR MORE OF THE FOLLOWING SIGNS OF SYSTEMIC INFLAMMATORY RESPONSE (SIRS):

- TEMPERATURE  $\geq 101$  F OR  $\leq 96.8$
- HEART RATE  $\geq 90$  BPM
- RESPIRATORY RATE  $\geq 20$  BPM
- WBC COUNT  $> 12,000$  OR  $\leq 4,000$

Y

N

Y

IF NO TO BOTH, SEPSIS SCREENING COMPLETE

IF YES TO BOTH THINK SEPSIS

- NOTIFY MD THAT YOU SUSPECT SEPSIS
- EDUCATE THE PATIENT REGARDING SEPSIS SYMPTOMS AND TREATMENT
- NOTE THE PATIENT'S ADVANCE DIRECTIVE OR CARE WISHES
- TRANSFER TO HIGHER LEVEL OF CARE AS NECESSARY