* **SPOT** – a computer program looking at VS, Labs, Meds on all in-patients. The computer alerts the Monitor Tech of a need for sepsis screening. Monitor Tech will notify you by text on iMobile of the need for a sepsis screening. To chart - go to Safety/Risk/Regulatory to enter. Do not back time, only recognizes recorded time. *Expectation assessment completed 21 minutes from Monitor Tech notification.*
* Sepsis abx orders are STAT. STAT by policy is immediately once medication is available.
* Blood cultures must be obtained before abx are administered. *You only need to get 1 bottle drawn before giving the abx to prevent a fallout on the sepsis core measure.*
* For sepsis; abx time is timestamped when the abx is *scanned*. Not the time filed.
* If 1st Lactic Acid is 2.1 or greater; pt will need a repeat LA within 3-4 hrs. LA of 2.0 reflex 1 time in 1.5.
* If patient becomes hypotensive and receives a fluid bolus or is in Septic Shock and receiving initial fluid bolus. *When bolus has completed will need 2 blood pressures recorded during the 1 hr after bolus is complete.*
* If patient has 2 blood pressures < SBP of 90 or MAP < 65 during the 1 hr after bolus has completed; need to consider hanging a vasopressor. Preferably Levophed.
* **Septic Shock** is defined as SBP < 90 or MAP < 65 despite having received a 30 ml/kg bolus. **Or** has an initial LA > 4.0 mmol. Septic shock does not have to have hypotension.
* If you can not obtain a blood culture or labs or give meds due to collapsed veins, combative patient, patient is refusing or for whatever reason. Chart this in you nursing notes. Charting may prevent a fallout.
* If you lose the IV site before abx have been administered. Talk to the MD and get the abx changed to IM route. Make sure this is charted.
* If you call the MD that the sepsis screen was positive and they want to do labs. **Suggest they run the sepsis bundle.** All labs needed for sepsis are included in the bundle. You can call results and get the approval to give or not give the abx that are ordered with the bundle.
* In-patient areas Code Sepsis is thru the RRT. Call an RRT to get the help your patient needs!
* Charting that ‘The MD is aware…” does not stop or prevent a sepsis fallout.
* A shift change does not cause the Sepsis Core Measure or the HCA time clocks to pause.