POLICY TITLE: Sepsis Policy	
ENTITY: ☒T.J. Regional Health **☐ T.J. Samson ☐ T.J. Health Pavilion ☐T.J. Health Columbia**	
DEPARTMENT: Nursing	**PAGE: 1 of 5**
VERSION: 5	**LAST REVIEW DATE: 03/30/2021**
APPROVED BY: Brandon Dickey (EVP CNO), Carlos Kummerfeldt (Pulmonary Critical Care Physician), Eric Fisher (EVP CQO and Hospitalist Director)	**EFFECTIVE DATE: 03/30/2021**

PURPOSE:

The implementation of evidence-based early recognition and invasive/non-invasive treatment guidelines for Sepsis in patients presenting on admission through our Emergency Department and those developing Sepsis within our inpatient units. Treatment guidelines follow those recommended by the Surviving Sepsis Campaign, a workgroup of the Society for Critical Care Medicine and the European Society of Intensive Care Medicine and are updated accordingly.

DEFINITIONS:

Sepsis: Life threatening organ dysfunction that results from the body's response to infection.

Septic Shock: Circulatory, cellular, and metabolic abnormalities in septic patients with resulting hypotension in spite of IV fluids.

Comfort Measures Only (CMO): An order that supports a dignified, comfortable and natural death without life sustaining intervention. This refers to the medical treatment of a dying person where the natural dying process is permitted while assuring maximum comfort.

POLICY:

Patients are screened for signs and symptoms of sepsis as defined by the SEP-1 measure. Adult screening criteria and protocols are applied to all admitted patients and ER patients with special considerations in Women and Newborn Care as outlined below.

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Screening Process

In the Emergency Department:

- Triage nurse assesses all patients for possible sepsis using electronic or paper screening tool.

- If patient screens positive for sepsis, provider should consider workup for underlying organ dysfunction possibly including LFT's, coagulation studies, lactate level, and cultures as indicated. If positive sepsis screen, begin the Sepsis Treatment Handoff Tool.
- Both ED primary nurse and ED attending are responsible for appropriate hand off to inpatient primary nurse and admitting provider.

In the inpatient units:

- Patients are screened for sepsis by nurse using either the paper or electronic screening tool upon admission and PRN based on clinical suspicion with support from electronic surveillance tools as available.
- If patient screens positive for sepsis, nurse to notify admitting provider and other team members as needed for discussion regarding plan of care and any orders needed. Nurse also to initiate Sepsis Treatment Handoff Tool to be maintained using the house supervisor as a resource if needed. See attachment.

- Once patient has screened positive and Handoff Tool initiated, do not continue screen.

- **In the WNC unit**

  Inpatients are screened upon admission and under following circumstances:
  - Preterm premature rupture of membranes (PPROM)
  - Rupture of membrane (ROM) for undetermined amount of time
  - Confirmed or suspected infection (UTI/Pyelonephritis; undiagnosed abdominal pain such as appendicitis, pancreatitis or cholecystitis; influenza, wound or surgical incision infection; meningitis, pneumonia, mastitis, endometritis).
  - Or as needed based on change in patient condition (i.e. elevated temperature, hypotension, increasing fetal heart rate baseline).
  - If a patient screens positive for sepsis, nurse to notify admitting provider and other team members as needed for discussion regarding plan of care and any orders needed. Nurse also to initiate Sepsis Treatment Handoff Tool to be maintained using the house supervisor as a resource if needed. See attachment.

    - Once the patient has screened positive and Handoff Tool initiated, do not continue to screen.

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Treatment

Treatment will be driven by SEP-1 Criteria and Surviving Sepsis Campaign recommendations with care tailored to individual patient care needs.

Code Status Discussion

- Providers encouraged to address code status with all patients with sepsis or septic shock.
- Goals of care should be discussed early on in the course of sepsis or septic shock. A decision to make a patient "Comfort Measures Only" should be clearly documented in the patient's chart (either in notes, orders, or both).

Exclusion Criteria

- Patients for whom the interventions in the protocol are clinically contraindicated.
- Patients with Advance Directives in place at the time of care which preclude any of the protocol interventions.
- Patients for whom the patient or surrogate decision maker declined or is unwilling to consent to such interventions.
- Patients enrolled in IRB approved clinical trials for which trial interventions are inconsistent with established protocols.
- Pediatric patients <18 years old.

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Education

- Nursing Staff – Sepsis recognition and treatment training are incorporated into new employee orientation and learning assignments.
- Resident, Licensed Independent Practitioner and Attending Staff – Sepsis recognition and treatment training are incorporated into new employee orientation and learning assignments.

REFERENCES:

Rhodes A, Evans LE, Alhazzani W, et al, Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock: 2016. *Intensive Care Med.* 2017;43(3)304-377. doi:10.1007/s00134-017-4683-6

Sepsis Treatment Handoff Tool attached