

AHMC ED Sepsis Checklist

Sepsis Bundle to be completed within 1 hour of triage

Triage Date and Time: _____	Date and Time Code Sepsis Called: _____
--------------------------------	--

Initial Vitals:				
Pulse: _____	BP: _____	RR: _____	Pulse Ox: _____	Temp: _____

Initial Lactic Acid: _____	Date: _____	Time: _____
--------------------------------------	----------------	----------------

Blood Cultures Must be drawn prior to antibiotic administration, cultures must be drawn from 2 separate sites	
1st Set Time: _____	2 nd Set Time: _____

Broad Spectrum Antibiotic Administration: Examples: Zosyn, Rocephin, Cefepime, Levaquin Antibiotics are administered only after 2 nd blood culture is drawn, please be sure to document the infusion completion time	
Antibiotic Given: _____	Administration Time: _____

IV Fluid Bolus: Ideally 30ml/kg for septic shock, if no bolus is ordered please inquire with the MD about a fluid bolus and document a note if no bolus is ordered. Please document your bolus end time in the EMAR and a set of vitals immediately post bolus.	
Fluid Administration END Time and Volume: _____	
Immediate repeat vital signs: B/P: _____ HR: _____ RR: _____ SAT: _____ Temp: _____	

Repeat Lactic Acid: Must be drawn after antibiotics and fluids have been given. <i>Post Lactic must be</i> <i>drawn every 2 hours for an initial lactic > 2, <u>if the patient is leaving the ED post lactic must be drawn prior</u></i> <i><u>to leaving.</u></i>	
Time Drawn: _____	Result: _____

Remember: There are 3 stages of Sepsis, <i>SIRS, Severe Sepsis</i> and <i>Septic Shock</i> . The goal of a code sepsis is to prevent patients from advancing to Severe Sepsis and Septic Shock and avoid organ dysfunction/ potential life-threatening complications for the patient!	
Primary RN: _____	Charge RN: _____

Not part of patient's official medical record, for auditing purposes only. Please leave filled out forms in the Sepsis drop box.