



Department of Quality and Infection Prevention

Transferring Facility Sepsis Screening Tool

SIRS: Evaluate patient for Systemic Inflammatory Response Syndrome (SIRS)

If the patient meets two or more of the four criteria listed below during their ED or hospital stay, the patient is positive for SIRS.

1. Temperature greater than or equal to 100.4 F or less than or equal to 96.8 F
2. Heart rate greater than or equal to 90 beats/minute
3. Respiratory rate greater than or equal to 20 breaths/minute
4. WBC greater than or equal to 12,000 or less than or equal to 4,000

Infection: Does the patient have ANY of the following documented or suspected Infections, High Risk Criteria or Symptoms / Exam?

Infections:

- Pneumonia
- UTI
- Wound infection
- Cellulitis
- Decubitus ulcers

High Risk Criteria:

- Nsg. Home / LTAC
- Recent surgery
- Immunocompromised
- Indwelling device
- Currently on antibiotics

Symptoms / Exam:

- Cough
- Shortness of breath
- Purulent wound drainage
- Urinary pain/frequency
- Abdominal pain, distension or firmness
- Stiff neck

If the answer is yes to one of the infection questions above and is positive for SIRS, then the patient is positive for sepsis.

PROCEED TO NEXT PAGE FOR SEPSIS TREATMENT GUIDELINES.



Department of Quality and Infection Prevention

Transferring Facility Sepsis Treatment Bundle

Recommended Interventions for Septic Patients prior to Transfer

1. Give recommended 30ml/kg crystalloid **fluid bolus** for suspected hypovolemia and/or tissue hypo-perfusion (especially for lactate \geq 4 SBP $<$ 90 or MAP $<$ 65).
2. Draw blood cultures and cultures of other areas of suspected infection.
(**Do not delay antibiotics greater than 30 minutes** if unable to draw cultures).
3. Draw a lactate or lactic acid level.
4. Administer a broad spectrum antibiotic (**Give antibiotic prior to transport** and recommended within an hour after arrival to ED).

Undifferentiated Sepsis: Antibiotic Recommendation

First Line:

- Zosyn 4.5 grams IV once given over 30 minutes, plus Vancomycin 20 mg/kg (rounded to the nearest 250mg, max 2000 mg) once given at a rate of 1000 mg/hr.

Allergic Alternative (mild-moderate penicillin allergy):

- Cefepime 1 gram once given as IV push over 3-5 minutes, plus Vancomycin 20 mg/kg (rounded to the nearest 250 mg. max 2000 mg) once given at a rate of 1000 mg/hr.

Allergic Alternative (severe penicillin allergy):

- Aztreonam 1 gram IV once as IV push over 3-5 minutes, plus Levofloxacin 750 mg once over 90 minutes, plus Vancomycin 20 mg/kg (rounded to the nearest 250 mg. max 2000 mg) once given at a rate of 1000 mg/hr.

We are committed to decreasing mortality in our septic patients.
Please contact **accepting provider** at 316-962-3030 with any questions.