

Review a minimum of **5** and a maximum of **10** medical records.

Focus:

For this review, review charts of patients who have or have had severe sepsis or septic shock. They can be current inpatient or recently discharged.

Instructions:

When reviewing the medical record, if documentation is found for the process, mark **"Yes"** in the box. If documentation is not found for the process, mark **"No"**. If the process being reviewed is not applicable to the medical record, mark **"N/A"**. After completing the review of all records, note the rows with the highest number of **"No"** responses. This will identify priority focus areas for improvement.

Note: Do not spend more than 20-30 minutes per medical record.

SUBMIT YOUR DISCOVERY TOOL FINDINGS WHEN COMPLETE: Take a 2 minute survey to report your findings. By submitting your findings, you will have taken the time to identify process gaps in which to focus improvement and to guide educational activities.

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Sepsis Process Improvement Discovery & Tracking Tool

Medical Record #										
Screening										
Patient was screened for sepsis within 30 minutes of arrival to the emergency department.										
Inpatient sepsis screen completed at least once per shift. (N/A once sepsis identified in ED or inpatient unit)										
3-hour bundle compliance (Orange colored cells indicate HOUR ONE BUNDLE)										
Blood cultures drawn within 30 minutes of positive sepsis screen AND prior to antibiotic administration.										
Serum lactate drawn and resulted within 60 minutes of positive sepsis screen.										
Broad spectrum antibiotics initiated within 60 minutes of positive sepsis screen.										
If pt is hypotensive SBP < 90 or a lactate is > or = to 4mmol/L, fluid resuscitation of 30ml/kg initiated within 60 minutes of positive sepsis.										
6 Hour Bundle Compliance										
If patient has a MAP of < 65 mmHG vasopressors administered.										
If the initial elevated lactate draw was > or = to 4.0, a repeat serum lactate was drawn & resulted within 6 hours.										
If fluid resuscitation was required, a fluid reassessment was done following the fluid infusion.										

Sepsis Process Improvement Discovery & Tracking Tool

Patient Information										
Age greater than 65 years.										
# of SIRS in ED if patient came thru ED.										
# of SIRS score if positive inpatient sepsis screen.										
qSOFA Score in ED if patient came thru ED.										
qSOFA score if positive inpatient sepsis screen.										
Was the patient admitted to ICU?										
Did the sepsis occur within 30 days of surgery?										

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