

SEPSIS CORE MEASURE CHECKLIST

1. Choose pt. type. Sepsis screen positive (2 or more below)

Nurse Initial

O ADULTS	O OB ≥ 20 WEEKS – 3 DAYS POSTPARTUM
□ Temp >100.4°F or □ <96.8°F	□ Temp >100.4°F or □ <96.8°F
□ RR >20/min	□ RR > 24/min
□ Pulse >90 bpm	□ Pulse > 110 bpm
□ WBC> 12,000 or < 4000 or > 10% bands	 WBC> 12,000 or < 4000 or > 10% Immature Neutrophils Active Labor or PP with WBC > 20,000, <4,000, or > 5% Immature Neutrophils
Altered Mental Status	Altered Mental Status
	□ BG ≥ 140mg/dl in absence of diabetes

2. Suspected/possible/confirmed Infection:		Nurse Initial		
□Pulmonary	□Wound	C-Section	□ Chorioamnionitis	
□Urinary	□Bloodstream Catheter	Miscarriage	□Endometritis	
□Acute Abdomen	□Implantable or other device	Mastitis	□Prolonged ROM	
□Skin/Soft tissue	□ Endocarditis	□Retained PO0	C □Prolonged Labor	
□Bone/joint	□Other:			
3. Severe Sepsis/Septic Shock (Sepsis	· · · · _	-		
SBP<90mmHG or SBP decreased by 40mmHg from baseline MAP <65 (MAP = SBP + 2 (DBP)÷ 3)				
Acute Resp failure AND new need for invasive or non-invasive mech vent				
Acute Altered mental Status				
Creatinine > 2.0 Acute Onset (without history of CKD) or urine output <0.5mL/kg/hour for 2 hours				
□Lactic Acid \ge 2				
Bilirubin > 2mg/dL				
Platelet count < 100,000	NR > 1.5 or aPTT> 60sec			
WITHIN 1HOUR OF ARRIVAL FOR RECO	OGNITION OF SEVERE SEPSIS OR	SEPTIC SHOCK	Nurse Initial	
Draw Initial Lactic Acid				
Blood Cultures X2 drawn				
Broad Spectrum Antibiotic Administ				
Initiate Crystalloid Fluid Administra	ation (30ml/kg) total	OR	deal body wt./kg	
Infuse total volume within	3 hours, by using 2 large bore IV	needles if need	ed	
Physician - If fluid overload is a cond	ern, can use ideal body weight o	or order fluids y	ou feel more appropriate	
but <u>MUST DOCUMENT</u> if using ideal b	ody weight for the 30ml/kg AN	D reasoning for	fluid less than 30ml/kg.	
ONGOING EVALUATION for Septic Sho	ock		Nurse Initial	
*Physician Focus Exam Documented p	ost fluid resuscitation			

Reassessment of Lactic Acid: (should drop by 10% or more in 1 to 2 hours if resuscitation is adequate)

Reassessment of volume status (i.e. Sepsis reassessment done, reassessed tissue perfusion, sepsis focused exam done)

Vasopressor Administration for ongoing hypotension

NOT PART OF THE PERMANENT RECORD	
Send completed form to Quality	
Updated 05/01/23	PATIENT STICKER