

# ACT FAST!

## Early detection of SEPSIS requires fast action

If resident has suspected infection AND two or more:

- Temperature >100°F or <96.8°F
- Pulse >100
- SBP <100 mmHg or >40 mmHg from baseline
- Respiratory rate >20/SpO2 <90%
- Altered mental status

Plan for:

- Review advance directive
- Contact the physician
- Contact the family

If transferring resident to hospital:

- Prepare transfer sheet
- Call ambulance
- Call in report to hospital
- Report positive sepsis screen

If resident stays in facility, consider options below that are in agreement with resident's advance directives:

- Labs: CBC w/diff, lactate level (if able)
- UA/UC, blood cultures, as able from 2 sites, not from lines
- Establish IV access for IV 0.9% @ 30ml/kg
- Administer IV, PO or IM antibiotics
- Monitor for worsening in spite of treatment, such as:
  - Urine output <400ml in 24 hours
  - SBP <90 despite IV fluids
  - Altered mental status
- Comfort care:
  - Pain control
  - Analgesic for fever
  - Reposition every 2-3 hrs
  - Oral care every 2 hrs
  - Offer fluids every 2 hrs
  - Keep family informed
  - Adjust care plan as needed
- Consider transferring to another level of care such as palliative care, hospice or hospital

**Every hour a resident in septic shock doesn't receive antibiotics, the risk of death increases 7.6%**

**Call the doctor!**

 seeing sepsis

 Is their **temperature** above 100?

 Is their **heart rate** above 100?

 Is their **blood pressure** below 100?

**And does the resident just not look right? Tell the nurse, screen for sepsis and notify the physician immediately.**