Skilled nursing facility sepsis algorithm for adults

Suspected infection and 2 or more SIRS criteria

Suspected infection Fever/chills Currently on antibiotics Cough/SOBS Cellulitis/wound drainage Weakness

SIRS criteria Temp \geq 100.0 or \leq 96.8 Pulse \geq 100 BP <100 or >40 mmHg from baseline Resp. rate >20/SpO2 <90% Altered mental status

SIRS = Systemic Inflammatory Response Syndrome

/ES

Negative screen for sepsis

Early detection tool

100-100-100

Positive screen for sepsis

Prior to calling provider

- Educate resident/family about status
- Review Advance Directives and options

Notify provider

<u>Transfer</u>

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

Stay in facility

If Advance Directives and/or resident's wishes are in agreement, consider some or all of following order options:

• Labs: CBC w/Diff, lactate level (if possible), UA/UC, blood cultures if able; from 2 sites, not from lines. *Send all labs ASAP.*

Establish IV access for the following:

- IV normal saline 0.9% @ 30ml/kg if BP <100
- Administer IV, IM or PO antibiotics
- Comfort care

Monitor for progression into Multisystem Organ Dysfunction Syndrome

Examples:

- Progression of symptoms despite treatment
- Urine output <400ml in 24 hours
- SBP <90 despite IV fluids
- Altered mental status

Consider transferring to another level of care - hospital, palliative, or hospice

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