



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

HOSPITAL NAME

ADULT SEPSIS SCREEN

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>Date:</b>   |  | <b>Time:</b>   |   |   |   |
| <b>Patient Name:</b>   |  |  | <b>Age:</b>   |   |   |
| <b>Allergies:</b>  |  |  |   |   |   |
| <b>Weight (Kg):</b>  |  |  |   |   |   |
| CODE STATUS: <input type="checkbox"/> FULL CODE <input type="checkbox"/> DNR <input type="checkbox"/> DNI  |  |  |   |   |   |
| Sepsis Screen (To be performed by Nursing Staff)   |  |  |   |   |   |
| <b>Initial Assessment: Did patient present with or exhibit one or more of the signs or symptoms listed below. If CHECKED think SEPSIS/WATCH FOR TIME: T=TEMP I=INFECTION M=MENTAL DECLINE E=EXTREMELY ILL</b>                                |  |  |   |   |   |
| <input type="checkbox"/> Shivering, Fever, Very Cold   |  | <input type="checkbox"/> Extreme Pain or Discomfort    |   | <input type="checkbox"/> Clammy or Sweaty Skin  |   |
| <input type="checkbox"/> Confusion or Disorientation   |  | <input type="checkbox"/> Short of Breath               |   | <input type="checkbox"/> High Heart Rate  |   |
| <b>Does the patient present with known or suspected infection? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes: Check below all that apply:</b>  |  |  |   |   |   |
| <input type="checkbox"/> Pneumonia   | <input type="checkbox"/> Wound Infection     | <input type="checkbox"/> UTI                           | <input type="checkbox"/> Abdominal Pain/Distention/Firmness | <input type="checkbox"/> Cough  | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Immunocompromised   | <input type="checkbox"/> Indwelling Device   | <input type="checkbox"/> Current Antibiotic Use        | <input type="checkbox"/> Nursing Home                       | <input type="checkbox"/> LTAC   | <input type="checkbox"/> Other          |
| <b>ACTION ALERT! If any of the above are checked, perform qSOFA Screen listed below. Score of 2 or more with suspect or confirmed infection OR less than 2 and infection still suspected PROCEED TO SIRS ASSESSMENT and notify Provider.</b> |  |  |   |   |   |
| <input type="checkbox"/> Respiratory Rate $\geq$ 22  |  | <input type="checkbox"/> Systolic BP 100mm/Hg or lower |   | <input type="checkbox"/> Altered Mental Status or GCS < 15  |   |
| <b>SIRS ASSESSMENT: Systemic Inflammatory Response Syndrome is the occurrence of at least 2 of the following (Check below all that apply):</b>   |  |  |   |   |   |
| <input type="checkbox"/> Temp > 100.4°F or < 96.8°F  | <input type="checkbox"/> Heart rate > 90 BPM | <input type="checkbox"/> Respiratory Rate > 20         | <input type="checkbox"/> PACO2 < 32 mm/Hg                   | <input type="checkbox"/> WBC count >12,000 mm <sup>3</sup> or < 4,000 mm <sup>3</sup> or over 10% immature forms or bands |   |
| <b>ACTION ALERT! Initiate Sepsis Bundle for patient with a SIRS score of 2 or more and/or symptoms indicative of sepsis or patient presents with known or suspected infection.</b>   |  |  |   |   |   |

\*Reference: Adapted from: Hour-1 Bundle Initial Resuscitation for Sepsis and Septic Shock. 2019 the Society of Critical Care Medicine and the European Society of Intensive Care Medicine. All Rights Reserved. Retrieved from <https://www.sccm.org/getattachment/SurvivingSepsisCampaign/Guidelines/Adult-Patients/Surviving-Sepsis-Campaign-Hour-1-Bundle.pdf?lang=en-US>

Signature of Nurse: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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