Triage: SPoT = Either HR > SBP or SBP < 100 OR Major Comorbidity OR age > 60 OR infectious complaint (chills, fever, cough, weakness, malaise)

+ STAT to a room with telemetry capabilities.
+ Notify physician to decide if "code sepsis".
+ If there is not a room, make one.
+ Call a "code sepsis" overhead - must include ICU Charge RN, pharmacy, lab, radiology, respiratory.
+ Call inpatient provider early for admit orders (do not wait until labs are back).
+ After first 15-30 minute completion of initial tasks, hand off to Physician, RN team.
+ ICU Charge RN ensures sepsis checklist completed and fast bed assignment - coordinator between inpatient and ED settings
+ Unit Clerk - call for stat results from lab, RT, radiology

* clinic pts w/ early sepsis - emergent transfer to ED*

Within 15 minutes:
- Measure lactate
- Obtain blood cultures prior to abx admin
- Admin broad spectrum abx
- Use sepsis order sets
- Administer 30 mL/kg crystalloid for hypertension

Complete within 6 hours:
- Apply vasopressors for hypertension if doesn’t respond to initial fluid – Goal: maintain MAP >65
- If persistent MAP <65 or initial lactate >4, re-assess volume status and tissue perfusion - continue fluid resuscitation
- Recheck lactate if initial lactate elevated

ED Checklist for SEPSIS - To Organize and Enhance Resident Care

**Goal: To expedite completion of critical tasks & admission to ICU.**

1. First 15-30 minutes
   - Screen patient for sepsis criteria, physician decides to call "Code sepsis".
   - Establish 2 large bore IVs, 1000 mL initial fluid loads over 30’.
   - Sepsis order set/ Draw labs/ lactate/ Blood culture
   - Start antibiotics - use IV AMIs guidelines for suspected source (see desktop share drive)
   - VS & LT report to physician

2. 30 minutes - 3 hours
   - Re-evaluate perfusion and volume status
   - Continue fluid resuscitation as appropriate (make sure patient fluid responsive/not in ARDS)
   - Recheck Lactate at 3 hours (goal <10 clearence)
   - Pressure/ MAP <65 despite adequate volume (initiate pressor of choice if needed)
   - Facilitate ICU transfer
   - Accomplish ancillary studies/review of labs for findings