Date:			RN/ED:
Time of Arrival::		SEPSIS CLOCK	RN/ IP :
Rescue #		**Form <u>MUST</u> accompany patient	ER MD:
			ADMITTING MD:
Reason for Visit: ER DX Admitting DX			
SIRS CRITERIA (2)		ORGAN DYSFUNCTION (1)	POSSIBLE SOURCE OF INFECTION (1)
HR > 90		SBP < 90	
RR>20 Temp > 100.9 or < 96.8		Creatinine > 2	Pneumonia
		Bilirubin > 2	
		Platelets < 100,000	Urinary Tract Infection
WBC > 12,000 or < 4,000		INR > 1.5 or aPTT > 60 secs	Other Source of Infection
		Lactic Acid > 2	
or Bands >10		UO < 0.5ml/kg/hr X2	Antibiotic for a suspected
		Resp Failure/Bipap (New)	
Initials	TIME STARTS::	(Record time in Military Time Standard)	
Blood Cultures (prior to antibiotic administration)		otic administration)	
	1st set drawn at::	2nd set drawn at::	Commission
	Initial Lactic acid		Complete
	Collected at::	Result::	within <u>3</u>
	Antibiotics given (Monotherap	y Preferred)	hours of Time
	1st given at:::	2nd given at::(if ap	plicable) Zero
	Fluid bolus of 30ml/kg for systo	olic BP <90 and/or lactate <u>> 4</u>	
	kg x 30ml=		
	Started at::	Completed at::	
	REPEAT Lactic Acid Measure if	1st is >2:::	
	Assess for persistent hypotens	ion (2 Vital Signs 1 hr after bolus ended)	
	1st::	2nd::	Complete
	Begin vasopressor therapy for persistent hypotension with		within <u>6</u>
Initiated at::			hours of Time
	Physician reevaluation required after bundle implementation Zero		
	(for Septic Shock Patients Only)	
		NOT	FOR DATA COLLECTION ONLY PART OF THE PERMANENT MEDICAL RECORD

PLACE STICKER HERE

Send to Quality Department after treatment is completed



MONOTHERAPY ANTIBIOTICS



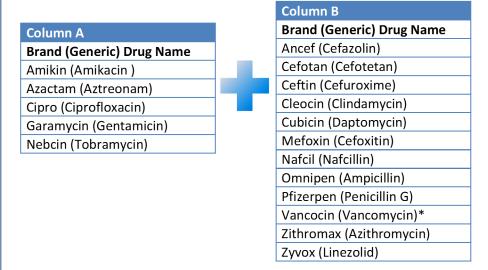
COMBINATION ANTIBIOTICS

One antibiotic from the list below should be chosen:

One antibiotic from Column A AND one antibiotic from Column B should be chosen:

Brand (Generic) Drug Name		
Fortaz (Ceftazidime)*		
Invanz (Ertapenem) Levaquin (Levofloxacin)		
Merrem (Meropenem)*		
Rocephin (Ceftriaxone)*		
Unasyn (Ampicillin/Sulbactam)		
Zosyn (Piperacillin/Tazobactam)		

*Drugs that can be administered via IV push



*Vancomycin should be infused after the antibiotic from Column A when used in combination therapy.

