

Date: ____/____/____

Time of Arrival: ____:____

Rescue # ____

Pre-hospital Sepsis Alert? Yes ☐ No ☐

Reason for Visit: _____ ER DX _____ Admitting DX _____

RN/ED: _____

RN/ IP : _____

ER MD: _____

ADMITTING MD: _____

SEPSIS CLOCK

****Form MUST accompany patient**

SIRS CRITERIA (2)

HR > 90 ☐

RR > 20 ☐

Temp > 100.9 or < 96.8 ☐

WBC > 12,000 or < 4,000 ☐

or Bands > 10 ☐

ORGAN DYSFUNCTION (1)

SBP < 90 ☐

Creatinine > 2 ☐

Bilirubin > 2 ☐

Platelets < 100,000 ☐

INR > 1.5 or aPTT > 60 secs ☐

Lactic Acid > 2 ☐

UO < 0.5ml/kg/hr X2 ☐

Resp Failure/Bipap (New) ☐

POSSIBLE SOURCE OF INFECTION (1)

Pneumonia ☐

Urinary Tract Infection ☐

Other Source of Infection ☐

Antibiotic for a suspected ☐



Initials	TIME STARTS: ____:____ (Record time in Military Time Standard)
	Blood Cultures (prior to antibiotic administration) 1st set drawn at: ____:____ 2nd set drawn at: ____:____
	Initial Lactic acid Collected at: ____:____ Result: ____:____
	Antibiotics given (Monotherapy Preferred) 1st given at: ____:____ 2nd given at: ____:____ (if applicable)
	Fluid bolus of 30ml/kg for systolic BP < 90 and/or lactate ≥ 4 ____ kg x 30ml = ____ Started at: ____:____ Completed at: ____:____
	REPEAT Lactic Acid Measure if 1st is > 2: ____:____
	Assess for persistent hypotension (2 Vital Signs 1 hr after bolus ended) 1st: ____:____ 2nd: ____:____
	Begin vasopressor therapy for persistent hypotension Initiated at: ____:____
	Physician reevaluation required after bundle implementation (for Septic Shock Patients Only)

Complete
within **3**
hours of Time
Zero

Complete
within **6**
hours of Time
Zero

PLACE STICKER HERE

FOR DATA COLLECTION ONLY

NOT PART OF THE PERMANENT MEDICAL RECORD
Send to Quality Department after treatment is completed

MONOTHERAPY ANTIBIOTICS

OR



COMBINATION ANTIBIOTICS

One antibiotic from the list below should be chosen:

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

*Drugs that can be administered via IV push

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

Column A
Brand (Generic) Drug Name
Amikin (Amikacin)
Azactam (Aztreonam)
Cipro (Ciprofloxacin)
Garamycin (Gentamicin)
Nebcin (Tobramycin)



Column B
Brand (Generic) Drug Name
Ancef (Cefazolin)
Cefotan (Cefotetan)
Ceftin (Cefuroxime)
Cleocin (Clindamycin)
Cubicin (Daptomycin)
Mefoxin (Cefoxitin)
Nafcil (Nafcillin)
Omnipen (Ampicillin)
Pfizerpen (Penicillin G)
Vancocin (Vancomycin)*
Zithromax (Azithromycin)
Zyvox (Linezolid)

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

SEPSIS CLOCK



3hour
Bundle



6hour
Bundle



100 % COMPLIANCE

Time Zero 1st hour 2nd hour 3rd hour 4th hour 5th hour 6th hour



2 SIRS CRITERIA



1 ORGAN DYSFUNCTION



1 POSSIBLE SOURCE OF INFECTION