Post-Acute Care Sepsis Early Identification and Treatment Pathway

Assess for Infection and SIRS

Symptoms or signs of infection can include:
- Fever/chills
- Cough/shortness of breath
- Cellulitis/wound drainage
- Changes in urine (volume, color, odor)
- Confusion or more so than usual
- Just does not look right
- Weakness
- Difficult to arouse

Assess for two or more of the following SIRS criteria:
- Temperature ≥ 101 F or ≤ 96.8 F
- Heart rate ≥ 90 bpm
- Respiratory rate ≥ 20 bpm
- White blood cell count ≥ 12,000 or ≤ 4,000
- Altered mental status

SIRS = Systemic Inflammatory Response Syndrome

Yes to Both? THINK SEPSIS!

Prepare to contact the medical provider:
- Review the record for medications, allergies, recent infection or antibiotic use
- Note the patient’s advance directive or care wishes (if comfort care, see suggested interventions* below)
- Educate resident/family about status
- Complete sepsis SBAR

Notify Provider

Prepare for these possible interventions to be completed as soon as possible:
- Transfer to a higher level of care
- Draw labs: lactate, CBC with differential, blood cultures
- Establish IV access
- Administer broad-spectrum intravenous antibiotics
  For hypotension (SBP ≤ 90 mm/Hg) or lactate ≥ 4 mmol/L:
  - Administer IV fluid bolus at 30 mL/kg

Monitor the patient and notify the medical provider of any worsening or progression of sepsis.

*Comfort care interventions:
- Pain control
- Medications to lower fever
- Frequent repositioning
- Frequent oral care
- Offer fluids (if tolerated)
- Keep family informed
- Adjust care plan as needed

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Sources: Atlantic Quality Improvement Network, Surviving Sepsis Campaign; TMF-CMP-Sepsis-17-13 Published 06/2017