

Cookeville Regional Medical Center
SEVERE SEPSIS / SEPTIC SHOCK PROGRESS NOTE

DATE / TIME

NOTES

1. Patient's known or suspected infection: _____

(If there is no known or suspected infection stop documentation on this form)

2. Check all that apply to your patient (2 or More Selected Proceed to Question 3) (SIRS may be less for different situations, i.e., immunocompromised patients or patients on beta blockers)

- Temperature greater than 38.3°C (100.9 F) or Less than 36°C (96.8°F)
- Heart Rate greater than 90 bpm
- Respiratory Rate greater than 20
- WBC count > 12,000 or < 4000 or >10% bands

3. Organ dysfunction criteria present? (1 or more Selected Proceed to Bundle)
(Different from baseline)

- Cardiovascular: SBP < 90 or MAP < 65 or a SBP decrease of more than 40 points
- Respiratory: Increasing oxygen requirements
- Renal: urine output less than 0.5ml/kg/hr for 2 hours or creatinine greater than 2
- Metabolic: lactate > 2 mmol/L
- Hematologic: platelets < 100,000; INR > 1.5, or a PTT>60 seconds
- Hepatic: Bilirubin > 2mg/dl
- CNS: altered consciousness (unrelated to primary neuro pathology)
- Patient will NOT proceed to bundle due to patient/decision maker refusal of blood draw, fluid or antibiotic administration.

Bundle

TO BE COMPLETED WITHIN 3 HOURS:

- Initial Lactate Level: _____ Result (if not complete please order)
- Blood Cultures Peripherally x's 2 obtained
(check box if cultures were obtained)
- Broad Spectrum antibiotic ordered: _____
(check box if broad spectrum were ordered)
- 30 ml/kg crystalloid for hypotension (SBP <90, or decrease by >40 mm HG, or MAP <65) or lactate ≥4mmol/L
(check box if this was ordered)

Provider Signature: _____ Date/Time: _____

TO BE COMPLETED WITHIN 6 HOURS:

- Repeat Lactic Acid if initial lactate elevated > 2: _____
(check box if this was ordered)
- SBP <90 or MAP < 65 mm Hg after fluid resuscitation Vasopressor initiated
 - Levophed (check box if was ordered)
- For persistent hypotension after initial fluid administration (SBP <90, or decrease by >40 mm HG, or MAP <65) or if initial lactate was ≥4 mmol/L*
re-assess volume status and tissue perfusion (see page 2 of form).

Provider Signature: _____ Date/Time: _____

*Reassessment of volume status and tissue perfusion can be completed by performing a focused assessment or thorough documentation of any two of the following: CVP, ScVO2, Bedside cardiovascular ultrasound, Passive Leg Raise, or Fluid Challenge (see page 2 of form).

PATIENT ID STICKER



PROGRESS NOTE

Reassessment of volume status and tissue perfusion

(Must be completed by a Provider (Physician, PA, NP) within 6 hours for persistent hypotension after the 30mL/kg fluid administration **or** if initial lactate was ≥ 4 mmol/L)

DATE / TIME

NOTES

Vital Signs:

BP _____ MAP _____ Pulse _____ RR _____ Temp _____

Cardiopulmonary Exam:

Heart _____

Lungs _____

Capillary Refill: _____ seconds

Peripheral Pulse Evaluation:

Radial _____ Dorsalis Pedis _____ Posterior Tibial _____

Skin Examination: _____ **Skin Color:** _____

OR TWO OF THE FOLLOWING:

CVP measurement prior to fluid bolus: _____ **CVP after fluid bolus:** _____

SCV0₂ measurement prior to fluid bolus: _____ **SCV0₂ after fluid bolus:** _____

Bedside cardiovascular ultrasound: _____

Assessment of fluid responsiveness with passive leg raise (PLR) OR fluid challenge

(For a passive leg raise - patient in supine position and legs lifted passively for 2 minutes and monitor if there is a change)

SBP / MAP increased with PLR

Pre PLR SBP / MAP _____ Post PLR SBP / MAP _____

Stroke volume increased with PLR

Pre PLR Stroke Volume _____ Post PLR Stroke Volume _____

SBP / MAP increased with Fluid Challenge

Pre fluid challenge SBP / MAP _____ Post fluid challenge SBP / MAP _____

Stroke volume increased with fluid challenge

Pre Fluid Challenge Stroke Volume _____ Post Fluid Challenge Stroke Volume _____

Notes: _____

DEFINITION

Sepsis defined as: Known or suspected infection, 2 or more signs of SIRS.

Severe Sepsis defined as: Known or suspected infection, 2 or more signs of SIRS, and organ dysfunction.

Septic Shock defined as: Known or suspected infection with 2 or more signs of SIRS, organ dysfunction, and hypotension which is defined as: systolic B/P less than 90mmHg or MAP less than 65 or 40mmHg decrease in B/P from baseline after a 30mL/Kg fluid bolus

OR

Known or suspected infection with 2 or more signs of SIRS, organ dysfunction, and hypoperfusion evidenced by a lactic acid level greater than or equal to 4.

Persistent hypotension defined as: In the one hour following administration of crystalloid fluids, one single blood pressure reading of either SBP <90, or MAP <65, or a decrease in systolic blood pressure by >40 mmHg from the last previously recorded SBP considered normal for that specific patient.

Time Zero defined as:

The date/time on which the last criterion was met to establish the presence of severe sepsis or septic shock. If all are present on arrival to ED then times zero is ED triage time.

Physician Signature: _____

Date: _____ Time: _____

