

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)
  - Patients body mass index (BMI) is \_\_\_\_\_ (if > 30 provider may choose to use ideal body weight for the 30 ml/kg crystalloid fluid volume, BMI must be documented)
  - Patients ideal body weight (IBW) is \_\_\_\_\_ (IBW Must be documented)

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, ScVO<sub>2</sub>, 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  $\geq 4$  mmol/L)

**DATE / TIME | NOTES**

Reassessment of Volume status and tissue perfusion was completed post fluid administration (check box if completed)

**1. Vital Signs:**

BP \_\_\_\_\_ MAP \_\_\_\_\_ Pulse \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_

**2. Cardiopulmonary Assessment**

Heart \_\_\_\_\_

Lungs \_\_\_\_\_

**3. Capillary Refill: \_\_\_\_\_ seconds**

**4. Peripheral Pulse Evaluation:**

Radial \_\_\_\_\_ Dorsalis Pedis \_\_\_\_\_ Posterior Tibial \_\_\_\_\_

**5. Skin Color/Condition \_\_\_\_\_**

**6. Urine Output \_\_\_\_\_**

**7. Arterial Oxygen Saturation (from ABG)**

OR ONE OF THE FOLLOWING:

• **CVP measurement** \_\_\_\_\_

• **SCV02/SV02** \_\_\_\_\_

• **Echo Cardiogram or Cardiac 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)

Stroke volume increased with PLR

Pre PLR Stroke Volume \_\_\_\_\_ Post PLR Stroke Volume \_\_\_\_\_

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: \_\_\_\_\_

