

**ED Code Sepsis WorkSheet**

ED Triage Date and Time: \_\_\_\_\_

Time 'Code Sepsis' called: \_\_\_\_\_

Patient Label
---------------

**3-HOUR BUNDLE: Completed within 3 hours of presentation time**

**GOAL is BEST Practice = completed within 1 hour!!!**

	Time	Staff Name
<input type="checkbox"/> <b>Blood cultures x 2</b> before antibiotics		
<input type="checkbox"/> <b>Lactic Acid</b> drawn		
<input type="checkbox"/> <b>Antibiotics</b> given (If Vanc ordered, give OTHER antibiotic FIRST!)		
<input type="checkbox"/> <b>Fluid resuscitation</b> 30mL/kg NS or LR or Plasmalyte <i>If lactic acid ≥4 or hypotensive (SBP &lt; 90, MAP &lt; 65, decrease in SBP &gt; 40 mmHg)</i> {patient Weight _____} <i>Optional</i> <input type="checkbox"/> LifeFlow <input type="checkbox"/> EV100 <input type="checkbox"/> <b>NOT ORDERED?</b> <input type="checkbox"/> Renal failure <input type="checkbox"/> CHF		
<input type="checkbox"/> <b>Power Plan</b> used		Physician:
<i>OPTIONAL:</i> <input type="checkbox"/> Urine Cx <input type="checkbox"/> Sputum Cx <input type="checkbox"/> Wound Cx		

*Reminders*

<input type="checkbox"/> If IV Fluid Resuscitation at 30mL/kg NS or LR or Plasmalyte given, <b>measure/document BP x 2 in the hour</b> after fluid resuscitation completed		
If initial Lactate Acid level ≥ 2: <input type="checkbox"/> REPEAT LACTATE in 2 hours (time due: _____)		
If hypotension persists after IV Fluid Resuscitation (SBP < 90, MAP < 65, decrease in SBP > 40 mmHg) <input type="checkbox"/> Vasopressors		

Hand Off of above items & if pending, time due		
--	--	--

**\*\*NOT PART OF THE PERMANENT MEDICAL RECORD\*\***

**PLEASE COPY COMPLETED FORM PRIOR TO HANDOFF AND LEAVE AT ANM DESK**

*PLEASE PROVIDE ANY PROCESS FEEDBACK/SUGGESTIONS ON BACK OF FORM. THANK YOU!*

