Adult Inpatient Sepsis Screening Tool for Clinical Teaching Units

Does the patient have any TWO of the following Systemic Inflammatory Response Syndrome (SIRS) criteria:
- Heart rate greater than 90 beats/min
- Respiratory rate greater than 20 breaths/min
- Temperature greater than or equal to 38°C or less than 36°C
- WBC greater than 12.0 or less than 4.0 x 10^9/L
- Altered mental status

Does the patient have a confirmed or suspected source of infection or any of the symptoms below:
- Cough/sputum/chest pain/shortness of breath
- Abdominal pain/distension/vomiting/diarrhea
- Dysuria/frequency/indwelling catheter
- Skin or joint pain/swelling/redness
- Central line present
- Mottled skin, cold extremities

PATIENT MAY HAVE NEW INFECTION/SEPSIS

Initial triage assessment (by phone or in person)
- Is activation of Early Sepsis Investigation and Treatment Orders consistent with the patient’s goals of care (e.g. comfort care only)?
- Should the Early Sepsis Investigation and Treatment Orders be activated (by phone) before the physician can examine the patient?
- Note: Patient may have sepsis/septic shock if one of the following present:
  1) TWO OUT OF THREE OF THE FOLLOWING (qSOFA):
     a. Respiratory rate >22 breaths/min
     b. Systolic blood pressure less than 100 mmHg
     c. Altered mental status
  and/or 2) Lactate greater than 4 mmol/L
- If either of the above are positive, requires immediate bedside assessment
  - Investigations
  - IV fluids
  - Antibiotics

Complete Assessment (in person within 30 minutes)
- Is continuation of Early Sepsis Investigation and Treatment Orders indicated?
- Are any changes to the Early Sepsis Investigation and Treatment Orders required?

Reassessment of Diagnosis & Treatment Plan
- Review results of investigations and reassess diagnosis. Are further investigations required?
- Review response to IV fluids. Are additional IV fluids required?
- Review antibiotic(s) including dose/frequency/duration
- Is consultation required (e.g. ICU, ID, Respirology GI, General Surgery)? Consider ICU consultation if sepsis/septic shock is present
- Is source control required?