

PROMOTE SAFETY ACROSS THE BOARD



DATE OF LAST SEPTIC EVENT:

Severe Sepsis and Septic Shock Top Ten Checklist

Collect and analyze sepsis mortality data.

Gather a program planning team, including organizational leaders, physician champions, sepsis advisors and multidisciplinary members from the emergency department (ED), intensive care unit (ICU) and med/surg to develop a strategy for implementation of improvement ideas.

Adopt a sepsis screening tool or system in the ED and/or in one inpatient department.

Screen every adult patient during initial evaluation in the ED and/or once a shift in one identified inpatient department.

Develop an alert mechanism to provide for prompt escalation and action from care providers with defined roles and responsibilities.

Develop a standard order set or protocol linking blood cultures and lactate lab draws (blood culture = lactate level) and ensure lactate results are available within 45 minutes. Consider a lactate of > 4mmol/L a CRITICAL result to prompt notification.

Place broad-spectrum antibiotics in the ED medication delivery system to allow for antibiotic administration within 1 hour (collaborate with pharmacy and infectious disease for appropriate selection).

Develop an order-set or protocol for 3-hour resuscitation bundle and the 6-hour septic shock bundle that uses an "opt-out" process instead of an "opt-in" for all bundle elements, with the explicit end goals of therapy and assessment of volume status.

Develop a process for rapid fluid infusion of isotonic solution 30ml/kg for patients with septic shock for timely resuscitation.

Utilize a "time zero" method that also displays visual cues for the health care team for timing of interventions for the sepsis.