



<p>Team Name: Critical Care and Medicine Team</p> <p>Team Lead: Regional Director – Acute Care</p> <p>Approved by: Executive Director - Mid</p>	<p>Reference Number: CLI.4510.SG.005</p> <p>Program Area: Across Hospital Units</p> <p>Policy Section: General</p>
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STANDARD GUIDELINE SUBJECT:

Adult Sepsis and Septic Shock

PURPOSE:

To provide evidence-informed guidelines for early recognition, assessment, and management of sepsis in the emergency departments and inpatient care units.

DEFINITIONS:

Sepsis: not a specific illness but a syndrome with life-threatening organ dysfunction caused by dysregulated host response to infection. That is, this condition arises when the body’s response to an infection injures its own tissues and organs, creating a non-homeostatic host response.

Septic Shock: a subset of sepsis in which underlying circulatory and cellular/metabolic abnormalities are profound enough to substantially increase mortality.

IMPORTANT POINTS TO CONSIDER:

What differentiates sepsis from infection is an aberrant or dysregulated host response and the presence of organ dysfunction. Any unexplained organ dysfunction should raise the possibility of underlying infection.

Sepsis is a medical emergency. Early identification and prompt initiation of treatment, especially antimicrobials, fluid resuscitation, and use of vasopressor when mean arterial pressure (MAP) does not respond to fluid bolus are critical to patient outcome. Consider early consultation.

There are no current clinical measures that reflect the concept of a dysregulated host response. Many tests are indicative of inflammation or organ dysfunction, thus lack specificity. Tools that have been used to help identify sepsis early have included systemic inflammatory response syndrome (SIRS), sepsis-related organ failure assessment/quick sepsis-related organ failure

assessment (SOFA/qSOFA), and national early warning score (NEWS). NEWS was the most accurate tool for predicting adverse outcomes in both emergency department (ED) and inpatient units.

PROCEDURE:

1. Assess all patients with the suspicion of infection and/or signs and symptoms of sepsis.
 - 1.1. Implement *Adult: Sepsis and Septic Shock Standard Orders* (CLI.4510.SG.005.FORM.01), which includes NEWS criteria. If NEWS score is equal to or greater than 5:
 - In the emergency department (ED): prioritize patient to treatment area and inform ED physician/alternate of this patient requiring immediate assessment and intervention.
 - On inpatient units: access physician/alternate immediately. If no physician/alternate present, call *Code 25* (CLI.4510.PL.003).
 - 1.2. The *Adult: Sepsis and Septic Shock Standard Orders* defines care needs for the first 180 minutes (3 hours). If applicable, request additional prescriber orders for care needs after the initial 3-hour period. However, unless the prescriber discontinues them, all medication orders continue as ordered on these standard orders.
2. Documentation:
 - 2.1. Document all medications administered on the applicable *Medication Administration Records (MARs)*.
 - 2.2. In the ED: document all assessments and interventions in *Emergency Department Information System (EDIS)* or the *Triage and Emergency Department Record* (CLI.4510.PL.005.FORM.01), and the *Frequent Monitoring Record* if applicable.
 - 2.3. On inpatient units: document all assessments and interventions on the *Frequent Monitoring Record (FMR)*.
3. Determine disposition:
 - 3.1. In the ED: admit or transfer to a centre able to provide a higher level of care.
 - 3.2. On inpatient units: consider transferring to another unit or facility able to provide a higher level of care.
4. Notify Infection Control Practitioner (ICP) of all cases of sepsis using current processes.
5. Evaluation:
 - 5.1. Complete 10 chart audits annually at the regional centres and 5 at non-regional centres.
 - 5.2. Report results and recommendations for improvement to facility managers and at Critical Care and Medicine Team.

SUPPORTING DOCUMENTS:

- [CLI.4510.SG.005.FORM.01](#) Adult Sepsis and Septic Shock Standard Orders
[CLI.4510.SG.005.FORM.02](#) Adult Sepsis and Septic Shock Chart Audit

REFERENCES:

- [CLI.4510.PL.003](#) Code 25
[CLI.5110.PL.005.FORM.01](#) Triage and Emergency Department Record

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