NCBH EMERGENCY DEPARTMENT
INFECTION/PNEUMONIA /SEPSIS
Protocol

Patient Label

DATE: _____ TRIAGE TIME: _____ INITIATED BY _____(MD / PA / NP / RN)

ALLERGIES: _____

TIME INITIATED	VITAL SIGNS
	BP: _____ **P:** _____ **R:** _____ **T:** _____ **O2 Sat:** _____

SUSPECTED INFECTION
(2 or more signs and symptoms OR 1 sign or symptom and 1 risk)

SIGNS AND SYMPTOMS	HIGH RISK
[ ] Temperature > 100.5 [ ] SOB	[ ] Age ≥ 65
[ ] Chills [ ] O2 Sat < 93%	[ ] Nursing home resident
[ ] Tachypnea	[ ] Tracheotomy
[ ] Tachycardia	[ ] Indwelling catheters/tubes (Foley, nephrostomy tube, etc.)
[ ] Productive cough	[ ] Central venous lines (PICC, portacaths, etc.)
[ ] Diagnosis of pneumonia within past 2 months	[ ] Immunocompromised patients (Cancer, HIV, Transplants)

Physician's
First impression: _____

TIME FRAME	**1.** ORDERS / INTERVENTIONS (* - RN can initiate without order / ** - Must have physician's order.)	TIME ORDERED	Time DONE	TIME SENT	RN INITIALS
	* Monitor / Pulse ox				
	* CHEST X-RAY (Portable with ESI 1 or 2 / PA & Lat with ESI 3,4, or 5) **TIME RESULT RECEIVED:** _____				
	* IV # 1: Saline Lock (20 or 18 gauge) with blood draw (Rainbow with blood culture x 2)				

0-1 hr	**** LABS:** (Hold until MD Order)
	  [ ] CBC with diff [ ] CMP [ ] Lactate [ ] PT/PTT
	(One BC from each vascular access device in place > 48 h)
	  [ ] Blood cultures X 2 **(Prior to administration of antibiotics)**				

	[ ] ABG [ ] CO-Ox				
	[ ] UA and culture				
	[ ] Sputum Culture				
	[ ] Wound Culture				
	[ ] Other: _____				

MR 109   **Page 1 0f 3**

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SITE OF INFECTION			
[ ] Lungs	[ ] Bowel	[ ] Skin/Soft tissue	[ ] Other
[ ] Liver or gall bladder	[ ] Kidneys / Urinary tract	[ ] CNS	

TIME FRAME	2. ORDERS / INTERVENTIONS (** - Must have physician's order.)	TIME ORDERED	TIME GIVEN	RN INITIALS
	** ANTIBIOTICS: * See Antibiotic Recommendations form			
	[ ] _____			
	[ ] _____			
	[ ] _____			
	[ ] _____			
	[ ] _____			
CAP <4 hr from arrival	[ ] _____			
	[ ] _____			
	[ ] _____			
	Other Medications:			
	[ ] _____			
Sepsis <3hrs from identi-fication	[ ] _____			
	[ ] _____			
	[ ] _____			
	[ ] _____			
	[ ] _____			
	[ ] _____			
	[ ] _____			
	[ ] _____			

DISPOSITION:

VS: BP: _____ P: _____ R: _____ T: _____ O2 Sat: _____ GCS:_____

TIME:	D/C HOME [ ] ADMISSION [ ] OTHER/COMMENTS:

Physician Computer ID #:	Physician Signature:				
RN Signature:	Initials:	RN Signature:	Initials:	RN Signature:	Initials:

* If Sepsis suspected continue to page 3*   **Page 2 of 3**

Patient Label

SEPSIS

(Suspected Infection criteria plus 1 VS abnormality and 1 organ dysfunction criteria)

[ ]Hypothermia ≤ 96.8 degrees F [ ] Tachycardia ≥90 bpm [ ]Tachypnea ≥20 rpm [ ] O2 Sat < 93%	[ ]Acute altered mental status [ ]Decreased UOP [ ]Decreased capillary refill or mottling [ ]MAP < 65mm Hg [ ]SBP < 90mm Hg

TIME FRAME	**3.** ORDERS / INTERVENTIONS (* - RN can initiate without order / ** - Must have physician's order.)	TIME ORDERED	TIME DONE / SENT / GIVEN	RN INITIALS
1-6 Hour	* **SEND PAGE 1 LABS** (if meets sepsis criteria, send labs without physician's order)			
	* **IV # 2:** (18 or 16ga) with blood draw			
	* **Foley catheter** with temperature probe			
	FLUID RESUSCITATION: **Maintain MAP > 65 mm Hg.** * [ ] NS 1000 ml bolus # 1			
	Maintain SBP >90 mm Hg. * [ ] NS 1000 ml bolus # 2			
	Target a CVP ≥ 8 mm Hg **(≥ 12 mm Hg if mechanically ventilated)** ** [ ] NS 1000 ml bolus # 3			
	** [ ] Other: _____			
	VASOPRESSORS **Maintain MAP > 65 mm Hg. [ ] Norepinephrine: _____ mcg/min			
	[ ] Other: _____			
	**PRE-SEP CATH - SvO2 / CVP monitor SvO2: _____ , CVP: _____			
	BLOOD PRODUCTS ADMINISTRATION **Target HGB > 7.0 – 9.0g/dl [ ] RBC unit # 1			
	SvO2 <70% [ ] RBC unit # 2			
	[ ] RBC unit # 3			

DISPOSITION:

VS: BP: _____ P: _____ R: _____ T: _____ O2 Sat: _____ GCS:_____

TIME:	ADMISSION [ ] OTHER/COMMENTS:				
Physician Computer ID #:	**Physician Signature:**				
RN Signature:	**Initials:**	**RN Signature:**	**Initials:**	**RN Signature:**	**Initials:**

Page 3 of 3

Source: North Carolina Baptist Hospital, Winston-Salem, NC.