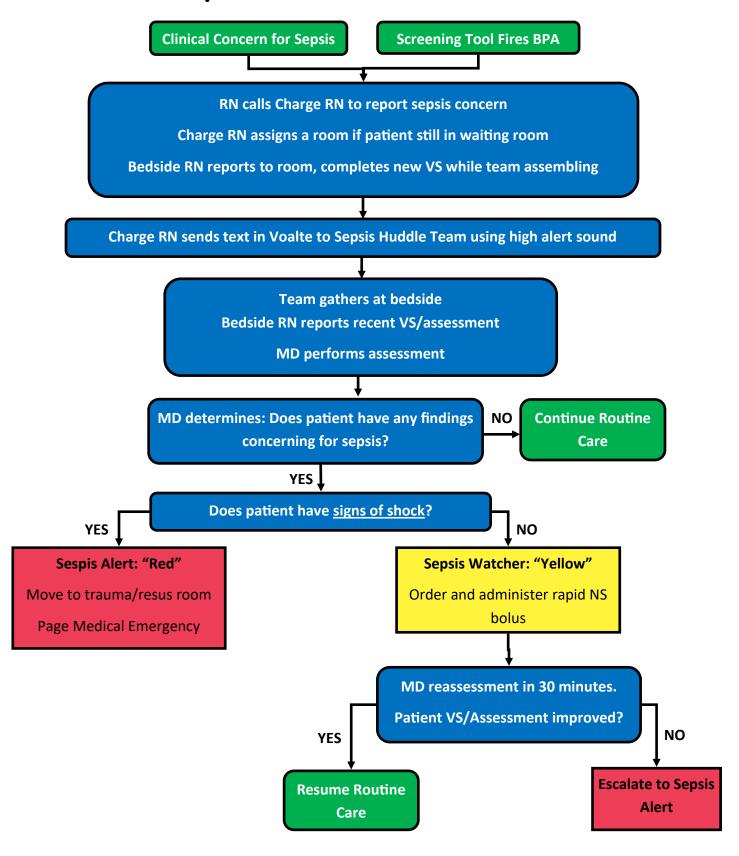
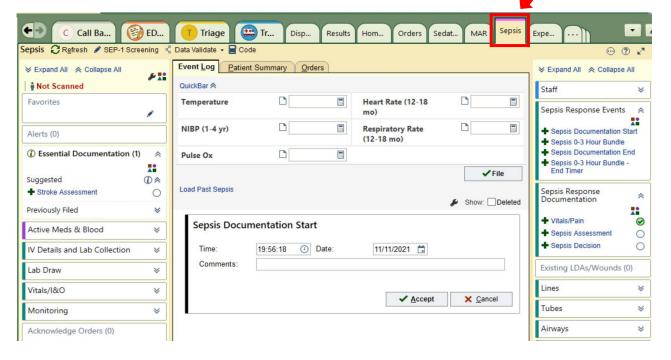
Sepsis Huddle Workflow

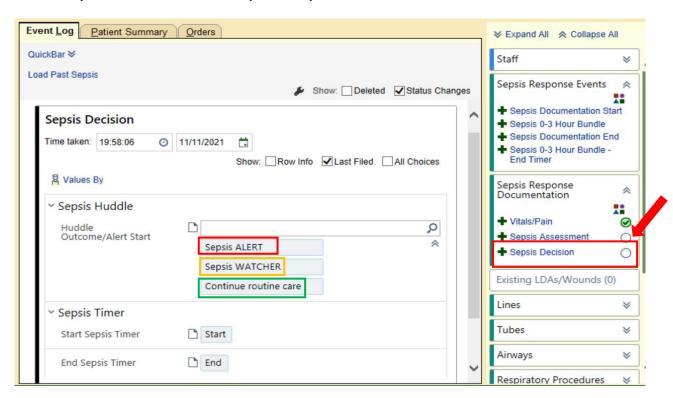


How To: Chart a Sepsis Huddle Decision

Click "Sepsis" Tab at top of patient chart



Click "Sepsis Decision" under Sepsis Response Documentation



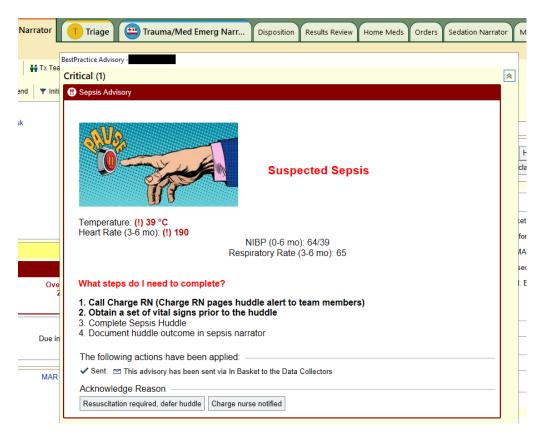
Select huddle outcome based on MD decision

Category	Description	Examples	Actions
Sepsis Alert	Assessment findings	Any "watcher" patient or	Move to trauma room,
"Red"	concerning for shock	previously healthy patient	rapid bolus and antibiotics
		+ significantly delayed	
		CRT, hypotension, AMS,	
		etc	
Sepsis Watcher	Sepsis possible- sepsis on	Febrile neonate	Rapid bolus and reassess in
<mark>"Yellow"</mark>	the differential, but no signs		30 mins
	of shock	Sickle cell hx + fever	
	*currently working up	Neutropenia + fever	
	patient for infection or will		
	workup because of the alert	Persistently hypothermic	
		neonate	
Continue Routine Care	No assessment findings	Ear infection + fever +	Continue routine care
"Green"	concerning for sepsis	elevated HR	
	*not working up patient for	Hypothermic neonate	
	infection	whose temperature	
		regulates after 20 mins of	
		warm blankets	

Paging a Sepsis Huddle: Charge Nurses

Epic calculates a sepsis score for each patient every hour. This score is based on vitals, assessment, and the presence of high-risk conditions.

If the hourly sepsis score is 8 or higher, a BPA will fire for the nurse the next time the chart is opened:



The nurse who receives the BPA will call you so you can send out the huddle alert on Voalte.

To send the huddle alert, text the phrase **"Sepsis Huddle Room ____"** to the following team members:

- Assigned RN
- Assigned MD (or Trauma MD if no MD assigned)
- ANM
- Team Lead or Float RN
- Paramedic (if available)

Use the !! icon when sending the message, so it is received with the "high alert" sound

If a patient is in the waiting room at the time of the alert, assign a room and have a staff member bring them back (use a trauma room if necessary!)

Sepsis Huddles



Hypothermic Infants: SR Emergency Department

Two-thirds of infants admitted with sepsis this year were afebrile in the ED. Hypothermic infants receive treatment (fluids and antibiotics) much less quickly than febrile infants.

Starting August 1st, for any patient younger than 1 year old with a documented temperature <36°C, a sepsis huddle should occur at the bedside.

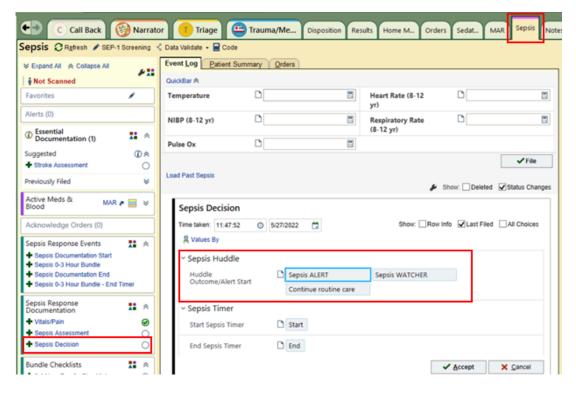
These patients won't prompt a BPA

Patient's RN will need to contact charge to page the huddle

Huddle Reminders:

MD Assessment	Sepsis Decision
No concern for sepsis	Continue Routine Care "Green"
Signs of infection/sepsis, no signs of shock	Sepsis Watcher "Yellow"
Sepsis likely, signs of shock	Sepsis Alert "Red"

Patient's RN is responsible for charting the Sepsis Decision in the Sepsis Narrator:



Sepsis Huddle Drill Checklist

	Y/N
Did Charge RN know how to page (Voalte- high alert tone)?	
Did Charge RN know who to page?	
Did all huddle team members respond?	
Did team respond in <5 minutes?	
Did RN know how to document huddle outcome in narrator?	
Did MD know their role (assessment and sepsis decision)?	
Did MD know how to document the huddle in their note (.EDSepsis smart phrase)?	
Comments:	