

Pediatric Sepsis Best Practice Alerts (BPA) in EHR

✓ ED Nursing Flow and Triage

2-Step Best Practice Alert \rightarrow ED/Triage

✓ Huddle BPA/Documentation

Multidisciplinary team, Nursing Documentation

✓ Provider Workflow

BPA for Order Set and Use of Order Set

Based on published data from CHOP and work around Best Practice Alert use for pediatric sepsis

Nursing/Triage Workflow → Initial Vital Signs Trigger



BPA #1 triggered by Abnormal Vital Sign(s) for Age \uparrow Heart rate <u>OR</u> \downarrow BP

BestPractice Advisory - Optime, Chamberlain Three "TreeFiddy"				
Se	Sepsis Alert (1)			
₿	COMPLETE A SEPSIS SCREEN			
	BP: (!) 60/30 Pulse: (!) 150			
	Click "Document" if patient has (at home or ED): • fever (> = 38° C) • hypothermia (<= 35° C) • signs of infection			
	Document Do Not Document III Flowsheets			
Acknowledge Reason				
	Pt does NOT have fever, hypothermia or i Patient unstable, I will document later			
	<u> </u>			

If no to any of the 3 questions

then click "do not document" <a>and note "Acknowledge Reason"

Nursing/Triage Workflow → Yes to Vitals BPA (#1) → Sepsis Screen BPA

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Clinical Assessment

1. Central cap refill

2. High-risk states

If answers trigger

"risk for sepsis"

then

3. LOC

BPA #1 Trigger = Abnormal Vital Sign(s) for Age

T Heart rate <u>OR</u> ₩ BP	BestPractice Advisory - Optime, Chamberlain Three "TreeFiddy"		
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Document Document Image: Flowsheets Acknowledge Reason Pt does NOT have fever, hypothermia or i Patient unstable, I will document later	Sepsis Screen	*	
If no to any of the 3 questions then click "do not document" and note "Acknowledge Reason"	 Other immunodeficiency / immunocompromise ☐ Sickle Cell Disease Age less than 60 days Level of consciousness Normal ☐ Crying, inconsolable ☐ Drowsy ☐ Eyes do not open to stimulation Non-responsive to stimulation ☐ Lethargic ☐ Listless ☐ Agitated 		
If yes to any of the 3 questions	Acknowledge Reason		

then click "document" and answer additional questions

Huddle

Accept



Triggers

BPA #2