Pediatric Sepsis



Objectives

This Quick Start Guide (QSG) will review:

- ED Nursing and Provider Pediatric Sepsis Workflows
- Inpatient Nursing Documentation and Workflow
- Inpatient Pediatric Provider BPAs and Information

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Overview

Creation and implementation of a new guideline to standardize sepsis care for pediatric patients at Loma Linda University Health. The guideline is designed to expedite identification and treatment of sepsis. There will be decision support identifying when patients are potentially septic, and the ability to document the huddle process within the EMR for improved interdisciplinary communication about the treatment plan.

The Pediatric Sepsis Guideline is designed to standardize identification and treatment of pediatric patients with sepsis. It will provide decision support to identify potentially septic patients and allow for documentation of the "huddle" (an interdisciplinary meeting to assess the patient and discuss interventions) within the electrontic medical record (EMR). The goals are early identification, timely treatment, and decreased mortality for pediatric septic patients.

Peds Sepsis Alerts and Best Practice Advisory- EDRN

When a pediatric patient presents to the Emergency Room with certain signs and symptoms, it is important to document accurately and quickly. Certain threshold vital signs will trigger Storyboard Alerts and Best Practice Advisories. Follow the instructions in the BPA to speed provider notifications and start patient care.

Try it out

- 1. Triage the Peds patient as usual and include accurate pulse, temperature, respirations, including height and weight.
- 2. Set the acuity of the patient.
- 3. If the patient meets or exceeds the threshold vital signs, a BPA will populate.

| following documentation: Collapse | ipiete trie |
|--|-------------|
| | ידה |
| ED Peds Sepsis Screening Additional Assessments | 1 |
| Change in mental status | |
| Confused Lethargic Unresponsive/Obtunded Restless Agitated Irritable | |
| Inconsolable crying None of the above | |
| Abnormal perfusion | |
| Capillary refill >3 seconds Diminished pulses Bounding pulses Cool extremities | |
| Skin mottled Skin flushed Petechial rash (non-blanching) | |
| None of the above (normal perfusion) | |
| Decreased urine output | |
| Urine output < 0.5mL/kg/hr Marked decrease in diapers None of the above | |
| High risk condition | |
| □ Infant < 28 days ald □ □ Dayles present (e.g.: central line_PICC) | D. |
| Immunosuppressed / Immunosopromised | |
| Chronic steroid use (Pheumateleau patient, Congenital Adrenal Hyperplacia) | |
| | |
| | |
| Sepsis Screening Complete? | |
| | |

4. Sepsis Screening warning also populates to Storyboard:



| J. Complete the LD reas sepsis screening Additional Assessments within the DrA w |
|--|
|--|

| BestPractice Advisory - Alaska, Nome | |
|---|------------------|
| atient may meet criteria for sepsis. | |
| Do Not Document Do Not Document III This patient may meet criteria for sepsis. Please con following documentation: Collapse | mplete the |
| | نقى |
| ED Peds Sepsis Screening Additional Assessments | * |
| Change in mental status | |
| ✓ Confused □ Lethargic □ Unresponsive/Obtunded ✓ Restless □ Agitated □ Irritable | ! 🗅 |
| ✓ Inconsolable crying □ None of the above | |
| Abnormal perfusion | |
| □ Capillary refill >3 seconds ✓ Diminished pulses □ Bounding pulses □ Cool extremities | : D |
| Skin mottled Skin flushed Petechial rash (non-blanching) | |
| None of the above (normal perfusion) | |
| Decreased urine output | |
| Urine output < 0.5mL/kg/hr Marked decrease in diapers None of the above ! | |
| High risk condition | |
| Infant < 28 days old Device present (e.g.: central line, PICC) | |
| Immunosuppressed / Immunocopromised | |
| Chronic steroid use (Rheumatology patient, Congenital Adrenal Hyperplasia) | |
| Oncological diagnosis Transplant Critical Cardiac Kid Vone of the above | |
| Sepsis Screening Complete? | |
| Yes | |
| | |
| * * | Diorria |
| ✓ <u>A</u> ccept | Di <u>s</u> miss |

6. If the patient has 3 or more items checked in Change in Mental Status and Abnormal Perfusion sub-sections or any High Risk Condition checked, a second BPA will populate.

7. Second BPA populates confirming the patient meets sepsis criteria and to notify the ED attending.

| | BestPracti | ce Advisory - Alaska, Nom | ie | |
|--|---|--|------------------|------------------|
| ① This patient meets Sepsis of | riteria. Notify ED atte | nding. | | |
| Peds Sepsis Recent Vitals 6/1 102 Pulse: 156 Resp: 25 Temp: 102 BP: 95/ Change in mental status: (!) Abnormal perfusion: (!) Dim Decreased urine output: (!) High risk condition: None of Dismiss and update Seps Acknowledge Reason Provider notified; huddle initia | 8/2021 6/1 22 10 1 15 2°F (38.9 °C) ! — 65 — Confused, Restless inished pulses, Skir Urine output < 0.5ml the above is Screening documenta ted (Pro | 8/2021 24 5 ! , Inconsolable crying mottled _/kg/hr | | |
| ED Attending MD | | | | |
| | | | ✓ <u>A</u> ccept | Di <u>s</u> miss |

- 8. Sepsis Huddle Initiation warning also populates to the Storyboard: () Sepsis Huddle Initiation
- 9. Click on Provider notified; huddle initiated (Pro.
- 10. Enter the name of the provider being notified. Click
- 11. Nurse notifies provider.
- 12. The ED Provider opens the patient chart and is presented with a Sepsis BPA.

✓ <u>A</u>ccept

| | Best | Practice Advisory - Alaska, Nome | |
|---|--|--|------------------|
| (1) This patient meets S | Sepsis criteria. Please e | evaluate. | |
| Peds Sepsis Recen | nt Vitals | | |
| | 6/18/2021 1022 | 6/18/2021 1024 | |
| Pulse: Resp: | 150 ! 25 | 155 ! | |
| Temp: BP: | 102 °F (38.9 °C) ! 95/65 | Ξ | |
| Change in mental st Abnormal perfusion: Decreased urine out High risk condition: N | atus: (!) Confused, Res (!) Diminished pulses put: (!) Urine output < Vone of the above | stless, Inconsolable crying , Skin mottled 0.5mL/kg/hr | |
| Open Order Set | Do Not Open | ED PEDS Suspected Sepsis Orders Preview | |
| Acknowledge Rea | son | | |
| Low suspicio Remi | ind me in | | |
| | | | ✓ <u>A</u> ccept |

13. Provider opens order set, configures the orders, and signs the order as required.



- 14. Orders populate to the EDRN Narrator:
- 15. Acknowledge Orders as required.

| () Specimens/Tasks (16) | * |
|--|------------------|
| All tasks currently in the toolbox do not have the Work List ca (LTR 250) set. In order to fully benefit from the new Task too please use Task Editor to configure the category. | itegory Ibox, |
| | 10:59 |
| E Print Label for Indirect Antiglobulin Test | 10:59 |
| I Print Label for CBC | 10:59 |
| E Print Label for Differential | 10:59 |
| E Print Label for Comprehensive Metabolic Panel | 10:59 |
| E Print Label for Lactate | 10:59 |
| E Print Label for Calcium, Ionized | 10:59 |
| E Print Label for C-Reactive Protein E | 10:59 |
| Print Label for Prothrombin Time | 10:59 |
| Print Label for Partial Thromboplastin Time | 10:59 |
| I Print Label for Fibrinogen | 10:59 |
| E Print Label for Procalcitonin | 10:59 |
| E Print Label for Culture, Blood | 10:59 |
| E Print Label for Culture, Blood | 10:59 |
| E Print Label for Culture, Urine | 10:59 |
| E Print Label for UA | 10:59 |

16. Complete Specimens/ Tasks as required:

Peds Sepsis BPA for ED Provider

After the ED nurse has triaged a patient with signs and symptoms of Sepsis, BPAs and Storyboard warnings will populate to alert the provider into action. The ED nurse will also document the provider notified within the ED nursing Peds Sepsis BPA.

ED Physician BPA

- 1. ED MD opens the patient chart and is presented with a Sepsis BPA.
- 2. Selecting **Open Order Set** and clicking **Accept** will open the *ED Suspected Sepsis Orders* order set.

| | Be | stPractice Advisory - | linte, Protine | | |
|--|---|-----------------------------------|-----------------------|--|--|
| ① This patient meets | Sepsis criteria. Please ev | valuate. | | e | |
| Peds Sepsis Rece | ent Vitals | 0.11.0.10.0.0.1 | 0//0/2024 | 0/40/0004 | |
| | 6/18/2021 1043 | 6/18/2021 1045 | 6/18/2021 1046 | 6/18/2021 1047 | |
| Pulse: Resp: Temp: BP: | 150 ! 25 103 °F (39.4 °C) ! 95/65 | 155 ! | 30 ! | 160 ! 104 °F (40 °C) ! 90/60 ! | |
| Change in mental s Abnormal perfusior Decreased urine ou High risk condition: | status: (!) Confused, Res n: (!) Diminished pulses utput: (!) Urine output < (None of the above | tless, Agitated, I).5mL/kg/hr | rritable | | |
| Open Order Set | Do Not Open | ED PEDS Suspect | ed Sepsis Orders Prev | iew | |
| Acknowledge Rea | ason | 10.1.1 | | | |
| Low suspicion for se | epsis (Peas) Remind me i | n 10 minutes | | | |
| | | | | ✓ <u>A</u> ccept | |

3. Selecting **Do Not Open** will require a selection:

| | Open Order Set | Do N | lot Open | ED PEDS Suspected Sepsis Orders Preview |
|---|------------------------|-----------|-----------|---|
| 0 | Acknowledge Reas | on —— | | |
| | Low suspicion for seps | is (Peds) | Remind me | e in 10 minutes |
| | | | | |

- a. Low Suspicion for sepsis (Peds) deactivates the BPA for all users.
- b. Remind me in 10 minutes locks out the BPA for all users for 10 min.
- 4. Once the order set is open, you have the ability to select and configure the appropriate orders.

| Order Sets | |
|---|------------------------|
| È Orders | Clear All Orders |
| ED PEDS Suspected Sepsis Orders 🛸 | 🎜 Manage User Versions |
| - Guideline for Rapid Antibiotic Administration for Sepsis (1st Dose) | |
| ▼ General | |
| ✓ Patient Placement | |
| CH ED Bed Request Expected Date: 6/25/2021 | |
| ▼General | |
| ✓ Nursing | |
| Vital Signs Every hour, First occurrence today at 1700 | |
| Insert PIV Once, today at 1632, For 1 occurrence | |
| Initiate ED Peds Sepsis Guidelines Sepsis Status: Suspect sepsis | |
| Respiratory / Blood Gases | Click for more |
| General Medications | Click for more |
| ▼ IV Fluids | |
| IV Fluids | Click for more |
| ▼ SEPSIS UNKNOWN SOURCE | |
| • | Click for more |
| ▼INFANTS (28 DAYS OR LESS) | |
| • | Click for more |
| ▼ Other Source | |
| • · · · · · · · · · · · · · · · · · · · | Click for more |
| ← MEDICATIONS - Severe Sepsis / Septic Shock | |
| Medications | Click for more |
| ▼Laboratory | |
| ▼ Type & Screen | |
| Type and Screen | |

5. Note that once the *Initiate ED Peds Sepsis Guidelines* order has been placed, it will send a page to the PICU resident.

| ▼ General | |
|---|--|
| ✓ Nursing | |
| Start Spin Energy Insur, Piert assumement inside at 1000 | |
| Stranding Code-4, 1951, No. 1 Journance | |
| Initiate ED Peds Sepsis Guidelines Sepsis Status: Suspect sepsis | |

6. Sign the orders to complete the process.



7. After signing the orders, it will populate tasks for the nurse on the ED Narrator.

Inpatient Nursing: Acute Care, Step-Down, and ICU Units

Pediatric patients with sepsis scores of 3 or higher in acute care and step-down units, and 5 or higher, in ICU units, pose a threat in becoming septic if interventions are not utilized. When assessments and lab data contribute to elevated scores, EPIC provides Best Practice Advisories (BPA's) for interventions, reports to identify the details of the patient's risks, and tools of collaboration in decisions of care.

Identifying the Peds Sepsis Score and Documenting Peds Sepsis Additional Assessments

1. In Patient Lists, locate the **Peds Sepsis Score Column** and hover over the **score** to see the contributing documentation.



2. Upon opening a patient's chart, a BPA will populate for acute care and step-down patients who have sepsis scores of 3 or 4 and ICU patients who have scores of 5 or more. Components of the BPA are as follows:



- a. Documentation that contributed to the Peds Sepsis Score
- b. 3 most recent Vitals
- c. Help text indicating next steps to take
- d. Link that opens the Peds Sepsis Sidebar
- e. Link that opens the Peds Sepsis Navigator
- f. Indicates filed Sepsis Score
- g. Note on Primary Care Team
 - Lockout for 12 hours per user
- h. Remind me in 10 minutes
 - Lockout for 10 minutes per user
 - Places task on worklist

 In the BPA, the Peds Sepsis Documentation/Review indicates that additional assessments for this patient are required. Click the hyperlink that takes you to the Peds Sepsis Sidebar.



4. The Peds Sepsis Sidebar Huddle report opens. Click the **Peds Sepsis Additional Assessments hyperlink** in the report.



5. Complete the Sepsis Additional Assessments Activity pop-up flowsheet.

| s lake. [71/2221] 0517 0 + Ad group + Ad group + Ad group + Ad solution An exponential + 1 Create grave proce Assessments well Consciousness] Oriented Aren Confused Lethangic Unresponsive Pharmaceutically paralyzed Sedated Awake Non-Awake Other (Comment) D pipilary Refit mathematically baconds: Confused Lethangic Unresponsive Pharmaceutically paralyzed Sedated Awake Non-Awake Other (Comment) D pipilary Refit mathematically baconds: Confused Lethangic Unresponsive Pharmaceutically paralyzed Sedated Awake Non-Awake Other (Comment) D pipilary Refit | Show Last Filed Value |] Show All Choices |
|---|-----------------------|--------------------|
| psps Assessments well of Consolveness jointimed Ann Contaxed Lethargic Unresponsive Pharmacoutically paralyzed Sedated Annake Non-Awake Other (Comment) T D pplinzy Refit as thanhowski Takanondi, Gazater Ban Takononi, Abover UTActinable to assess D | | \$ |
| vel of Consciousness] Oriented Akri Confused Lefturgic Unresponsive Pharmaceutically paralyzed Sedated Awake Non-Awake Other (Comment) | | |
| appliary Refit | | |
| ess than/equal to 3 seconds. Greater than 3 seconds. Absent: UTA=Unable to assess. | | |
| | | |
| kin Condition/Temp | | |
|] Clammy 📄 Cool 📄 Dry 📄 Diaphoretic 📄 Flaky 📄 Hot 📄 Moist 📄 Swollen 📄 Warm 📄 Other (Comment) 🛒 🗅 | | |
| sin Color | | |
|] Appropriate for ethnicity 🔄 Pink 🛄 Acrocyanosis 📄 Circumoral cyanosis 📄 Jaundice 🛄 Pale 📄 Dusky 📄 Ashen 📋 Ecchymosis 📄 Flushed 📋 Gray 📄 Motiled generalized 🗌 | Red Ruddy | 7 0 |
|] Other (Comment) | | |
| pplicable, indicate location in comments. | | |
| Create Note | | |

Documenting in the Huddle Decision/Paging Activity

1. Back on the Peds Sepsis Sidebar Huddle Report, the help text now indicates a Huddle Decision documentation is required. Click the **Huddle Decision/Paging** hyperlink.



2. If a Huddle is necessary, click **Yes-Huddle called** and select the appropriate provider team to page. **Note:** <u>Additional instructions for each area should be followed in addition</u> <u>to paging.</u>

| Sepsis Huddle Paging Activity | | |
|--|--|-------------------------------------|
| Time taken: 6262221 [] 1138] + Add gine + | Effect Lat Flat bias [2 Show Al Crosss A | - 10 |
| Kulech and all order the Mathematical and an And Mathematical and an And Mathematical And | Here states (<u>Statyster</u>) (<u>100</u>) | Saovaratianes Saovaratianes A |
| | | ✓ Accept of Accept and New X Careco |

3. Back on the report, click the **Huddle Documentation hyperlink** to begin documenting the details of the huddle once attendants have arrived.



Documenting the Sepsis Huddle

4. Complete the Sepsis Huddle Documentation and click Accept.

| 1 | Sepsis Huddle Documentation | _ D X |
|---|--|--|
| ſ | Time takan: 6/25/2021 🗇 1208 💿 🕇 Add group 🕈 Add gov 🕈 Add LDA 🛔 Responsible 🍵 Create Note | Show Last Filed Value 🖉 Show All Choices |
| | Sepsis Risks/Causes to Consider | * |
| | Is the patient at high risk for sepsis? | |
| | Device: Central line, Foley, drains, GT Trach/vent patients Immunosuppressed/immunocompromised Patients taking steroids Oncological diagnosis Asplenia/Sickle Cell | τ Β |
| | CU admission within the last 30 days Severe MRCP/CP/Intellectual Disability Transplant Surgery within 30 days Hypo-adrenal/-pituitary | |
| | Causes to consider | |
| | 🗌 Stressed, anxious, crying 🔲 2 hours after a breathing tx (albuterol, racemic epi, CPT) 📄 Pt at baseline with vital signs and/or prescribed sats 🛄 Dying patient | Υ 🗅 |
| | 🗌 Non-cardiac Surgery w/ in 24 hours or Cardiac surgery w/ in 48 hrs 📋 Active sepsis treatment pathway initiated within last 24 hr 📄 Sympathetic storm 📄 Already on sepsis treatment | |
| | Sepsis Huddle (only document in this section AFTER huddle has occurred) | * |
| | Interventions were discussed with (select all that apply) | |
| | 🗌 Bedside RN 📄 Charge RN 📄 Resident 📄 Fellow/NP 📄 Attending 📲 🛒 🗅 | |
| | Discussed the following interventions | |
| | 🗌 IV access 🗋 Cultures / Labs, including lactate 📄 Antibiotics 📄 IV Fluid bolus 📄 Vasoactives 📄 Additional monitoring / imaging 📄 Oxygen support 📄 Other (comment) 🦷 🗋 | |
| | Indications for higher Level of Care or Rapid Response? | |
| | Yes No N/A T | |
| | Huddle consensus | |
| | Concern for sepsis/septic shock No concern for sepsis 🛛 🖓 🗅 | |
| | Re-evaluate and document vital signs | |
| | in 30 minutes in 60 minutes in 120 minutes as ordered (5700/5800 only) n/a 🧮 🗋 | |
| | 10 Create Note | |
| ľ | | |
| | | |
| | | ✓ Accept |
| - | | - |

• Documenting **No concern for Sepsis**, stops the Huddle Documentation Timeline in the Sepsis Huddle Report.

| Huddle consensus | | |
|---------------------------------|-----------------------|-------|
| Concern for sepsis/septic shock | No concern for sepsis | Υ. Β. |

• Documenting **30, 60, or 120 minutes for re-evaluating** at patient places a task on the worklist, however, documenting **as ordered (5700/5800 only) does not**.



5. The **Peds Sepsis Documentation/Review** help text is now empty. All required documentation has been completed.

| Sidebar Summary 🔻 | |
|------------------------------------|---|
| ← - ᠿ More - | € |
| Peds Sepsis Documentation/Review | ^ |
| Peds Sepsis Additional Assessments | |
| Huddle Decision/Paging | |
| Enter Huddle Documentation | |

Locating Sepsis Documentation in the Flowsheets Activity

- 1. Select the Frequent Charting (Peds) flowsheet from the Flowsheets Activity.
- 2. Documented Sepsis Assessments and Peds Sepsis Scores can be located from within the flowsheet.

| Peds Sepsis Score | N | Vital Signs | | | | | |
|-----------------------|------|---------------------------------|--------------|--------|--------------|-------|----------------|
| Respiratory Scoring T | R | Temp | 101.8 (38.8) | 8 | 100.8 (38.2) | | 100.8 (38.2) * |
| Level of Seclation | 100 | Temp src | Temporal | | Temporal | | Temporal |
| Delle Longeneration | 80 | Heart Rate | 1 162 | <1 165 | 158 | 157 | 154 1 |
| Pain Assessment | M | Heart Rate Source | Monitor | | Monitor | | Monitor |
| FLACC (Revised) | 2 | Cardiac Rhythm Extended | NSR | | NSR | | ST |
| Oxygen Therapy | R | Respirations | 1 34 | < 29 | 1 46 | < 30 | 28 |
| Mobility | N. | End Tidal CO2 | | | | | 8 mmHg 1 |
| Anti-Embolism Devic | | SpO2 | 99 | < 96 | 98 | < 100 | 100 % |
| Hariage Street Street | - 10 | Blood Pressure | 1 111/61 | | 118/74 | | 132/66 |
| нуднепе | M | MAP (mmHg) | 76 | | 87 | | pHmm 08 |
| Thermoregulation | M | BP Location | | | | | Left Upper Ar |
| MPEWS (Modified Pe | M | BP Method | | | | | Automated Cu |
| Provider Interaction | N | BP Patient Position | | | | | Sitting |
| Visitor Interaction | | Alarms Set per Patient | | | 8 | | Yes |
| Patient Off Unit | N | Sepsis Assessments | | | | | |
| Patient Observation | | Level of Consciousness | Alert | | Alert | | Alert;Awake |
| | - | Capillary Refil | | | | | |
| | | Skin Condition/Temp | | | | | |
| | | Skin Color | 2 | v | 4 | | |
| | | Peds Sepsis Score | | | | | |
| | | PEDS Sepsis Temp Score | | | 2 | | 2 (calculated) |
| | | PEDS Sepsis RR Score | 1 | | 1 | | 1 (calculated) |
| | | PEDS Sepsis HR Score | 1 | | | | 1 (calculated) |
| | | PEDS Sepsis Physical Exam Score | 1 | | | | 1 (calculated) |
| | | Ped Filed Sepsis Score | 3 | | 3 | | 2 |

Locating Additional Sepsis Documentation in the Overview Report

1. Under Summary activity, in the Overview Report, locate **Peds Sepsis documentation**. This information updates based on current assessments.

| Summary | 🚾 🚱 🕐 🗇 - 🖍 |
|--|--|
| Cverview Active Orders Snapshot SBAR Handoff - | # 🖷 💬 💬 Overview 🔎 🖋 - 🕄 |
| | |
| PEDS Sensis | PEDS Sepsis : 3 Comment |
| | TEMPERATURE: 2 points (Up 2 points since last review) - [Last updated: 06/25/21 1230] Comment |
| Peds Sepsis BPA within last 12 hours | RESPIRATION RATE: 1 points (Up 1 points since last review) |
| Jump to Peds Sepsis Sidebar Report | - [Last updated: 06/25/21 1230] Comment |
| | BLOOD PRESSURE: 0 points - [Last updated: 06/25/21 1230] |
| Peds Sepsis Documentation/Review | HEART RATE: 0 points - [] ast updated: 06/25/21 1230] |
| | Comment |
| | WBC: 0 points - [Last updated: 06/25/21 1230] Comment |
| | Perfusion: 0 points - [Last updated: 06/25/21 1230] |
| | Comment |

Locating ED Sepsis Documentation

2. In the search box, of the Summary activity, find the **Peds Sepsis Handoff** report.



3. Peds Sepsis documentation from the ED now populates for viewing.

| ummary | | | 6 0 |
|--------------------------------|----------------------------|----------------------|---------------------------------|
| Overview Active Orde | rs Snapshot Peds | Sepsis Handoff 👻 | H 🛱 🔎 🗩 Peds Sepsis Handoff 👂 . |
| Peds Sepsis Score | | | |
| 3 File score (Last file | d: Jun 25, 2021 1113) | | |
| 2 TEMPERATURE | | | |
| 1 RESPIRATION RAT | E | | |
| Sepsis Trend (Q2H | or File Score link o | nly) (Last 96 hours) | |
| No recent data available for | display | | Current Score: 3 File Score |
| I Peds Sepsis Recent | t Vitals | | |
| | 6/24/2021 | 6/24/2021 | 6/25/2021 |
| | 1300 | 1334 | 1104 |
| Pulse: | 125 1 | 140 1 | - |
| Resp: | 40 1 | 40 1 | - |
| Temp: | 102 °F (38.9 °C) 1 | 104 "F (40 "C) 1 | _ |
| Capillary Refil: | - | - | Less than/equal to 3 |
| | | | seconds |
| Skin Condition/Temp: | - | - | Diaphoretic |
| Skin Color: | - | | Pale;Dusky |
| Does the patient have | - | - | No |
| baseline neurologic | | | |
| dysfunction that would limit | | | |
| Level of Consciousness: | - | - | Oriented |
| III ED Peds Sepsis Scr | eening | | |
| No data found in the last 1 e | ncounters. | | |
| - Huddle Decision | | | |
| | 6/25/2021 | | |
| Marca builde adhedh | 1138 Max. Huddle celled | | |
| was a nucce called?: | Tes - muddle called | | |
| one to start sepsis timeline): | ream A | | |

Identifying the Components of the Peds Sepsis Huddle Sidebar Report

| . C El connectedant El case base and bit Ed. El t | was water by the part | an Sepsis Tri | na (Q2H oi | r File Score link (| oniy) (Last 96 hours) | None | | | |
|---|-----------------------|---------------------------------|-------------------|---------------------|--------------------------------|----------------------|-----------------------|--------------------------|-------------|
| Peds Sepsis Documentation/Revie | w | No recent data | wailable for dis | play | Current Score: 5 File Score | E I DAT | | | |
| luddle Decision documentation is rec | quired. | | | | | IC LOAS | | | |
| ds Sepsis Additional Assessments | | View Accordio | n Report | | | Active Sepsis PIC | C/CVC/Urinary Cath | | |
| | | f Peds Sep | sis Recent V | /itals | | | | | |
| ddle Decision/Paging | | | 6/21/2021 | 6/21/2021 | | 🕾 Hospital Pro | oblems 🕷 | | Comm |
| ter Huddle Documentation | | Dates | 1127 | 1128 | | Problem | | Date Revie | wed: 6/21/2 |
| | | Resp: | - | 30 1 | | | K | D-10- M Drimite Class | Noted |
| Peds Sepsis Navigator | | Temp: | - | 102.4 °F (39.1 ° | | Sepsis (HCC) | A | 41.9 Phoney Class | 6/21/20 |
| Jump to Peds Sepsis Navigator | | BP: | - | 94/65 1 | | | | | |
| | | Capillary Refil: | - | Greater than 3 | | Intake/Outp | out e | | Re |
| Peds Sepsis Scoring | | Skin | _ | warm | | View Table | | | |
| 6/21/2021 6/21/2021 | 6/21/2021 | Condition/Temp | | | | None | | | |
| 1128 1130 ed Filed 0 4 | 5 | Skin Color: | - | Pink | | L Bocont Last | ate CBD Dressel Cr | ostinino | |
| epsis Score: | - | have baseline | | NO NO | | A Recent Lact | ate, CRP, Procal, Cr | eatinine | |
| EDS Sepsis — 2 emp Score: | 2 | neurologic dust instice that | | | | No lab values to dis | iplay. | | |
| EDS Sepsis RR — 1 | 1 | would limit a | | | | I. Microhiolog | n: Deculte (last 7 de | (110 | |
| core: | | mental status | | | | | gy Results (last 7 da | (ys) | |
| CORE 1 | ' | Evaluation r: | - | Letharpic | | Component | Value | | Units |
| EDS Sepsis | 1 | Consciousness: | | | | Collected: 06/18/21 | 1104 | | |
| hysical Exam | | | | | | Order Status: Sent | | | |
| cone: | | A Huddle D | ecision | | | Specimen Source: | llood, Peripheral | | |
| Dade Sancie Score | | No data found it | n the last 1 enc | ounters. | | Culture, Blood [181 | 766] | | |
| reas sepsis score | | | | | | Order Status: Sent | 1104 | | |
| 5 File score (Last filed: Jun 21, 2021 1132) | | ∉ Huddle D | ocumentati | ion | | Specimen Source: | llood, Peripheral | | |
| 2 TEMPERATURE | | | | | | Culture, Urine [181 | 767] | | |
| | | No data found i | n the last 1 enci | ounters. | | Collected: 06/18/21 | 11104 | | |

Utilizing the Peds Sepsis Navigator

1. Click the **Jump to the Peds Sepsis Navigator hyperlink** in the Peds Sepsis Sidebar Huddle report to view documented assessments or document new assessments as appropriate.

| Peds Sepsis | (2) | × |
|--|---|---|
| SEPSIS ASSESSMENT | Esepsis Assessment | ^ |
| Peds Sepsis Score Huddle Decision | Time taken: 6/28/2021 📋 1524 . More ▼ Show Details 🖉 Show All Choices | |
| SEPSIS HUDDLE Huddle Doc SEPSIS HUDDLE REVIEW Rode Sepsis Roy | Sepsis Assessments Assessments Assessments Does the patient have baseline neurologic dysfunction that would limit a mental status evaluation? No taken 3 days ago Yes No Unable to Determine T | |
| | Level of Consciousness Oriented taken 3 days ago Oriented Alert Confused Lethargic Unresponsive Pharmaceutically paralyzed Sedated Other (Comment) Other (Comment) | |
| | Capillary Refill Less than/equal to 3 seconds taken 3 days ago | |
| | Skin Condition/Temp Diaphoretic taken 3 days ago Clammy Cool Dry Diaphoretic Flaky Hot Moist Swollen Warm Other (Comment) | |
| - نۇر | Skin Color Pale: Dusky taken 3 days ago Appropriate for ethnicity Pink Acrocyanosis Circumoral cyanosis | ~ |

Pediatric Provider BPAs

Once the huddle documentation indicates there is a concern for pediatric sepsis, the provider BPA notification will activate. The initial BPA will recommend placing the *Pediatric Suspected Sepsis Orders* order set. Once the order set has been placed, secondary and tertiary BPAs will trigger at various times, based on specific documentation, inquiring if the provider needs to add additional orders from the *Pediatric Suspected Sepsis Orders* order set.

Initial Pediatric Sepsis BPA

- 1. During the Pediatric Sepsis Huddle, the nurse will document within the *Huddle Documentation*. If there is a consensus of concern for sepsis/septic shock, this will activate the Provider Pediatric Sepsis BPA.
 - a. Note, addition criteria must be met within the huddle documentation:
 - The *No concern for sepsis* has not been selected within the past <u>12 hrs</u>.
 - Under causes to consider, *Dying patient* must not be selected.
- 2. Opening a patient's chart will trigger the Pediatric Sepsis BPA displaying:
 - Peds Sepsis Score
 - Huddle Documentation
 - Recent vital signs and laboratory results
- 3. The BPA will prompt the provider to open the *Pediatric Suspected Sepsis Order* set.

| | BestPractice Advisory - Manka, Manna | | -> Summary Chart Results Intake | der Sets |
|---|---|--------|--|----------------------|
| (1) Pedletric Sepsis Huddle docum | entation indicates use of the Inpatient Pediatric Sepsis Order set. | | rder Sets | |
| Peds Sepsis Score | | | - Orders | |
| 5 Total Score 2 TEMPERATU 1 RESPIRATION 1 HEAPT PATE | RE N RATE | | Pediatric Suspected Sepsis Orders A | Manage User Versions |
| 1 Physical Exam | n | | -Orders intended for rapid sepsis interventions for Pediatric patients | |
| Huddle Documentation | | | -For new admissions, please ensure that the "PED Patient Placement Orders" AND "Peds General Orders" order sets are | also placed |
| 6/21 113 | 7 | | | |
| Interventions were Bed discussed with (select | side RN,Charge RN | | ✓IV Fluids | |
| all that apply): Discussed the IV a | ccass: IV Fluid bolus: Antibiotics | | • | Click for more |
| following | | | ▼Recommended Antibiotics by Source | |
| Indications for higher No | | | Sepsis Unknown Source / PNA | Click for more |
| Level of Care or Daniel Depresent? | | | Pseudomonal Pneumonia Suspected Source | Click for more |
| Huddle consensus: Con | cem for sepsis/septic shock | | GI Suspected Source | Click for more |
| Re-evaluate and in 3 | U minutes | | UTI Suspected Source | Click for more |
| occument vital signs: | | | Cris Suspected Source Cris / Soft Tirrue Surported Source / Benjellin Allergy | Click for more |
| Huddle Decision | | | Immunocompromised / Febrile Neutropenia | Click for more |
| 6/21 | //2021 | | Toxic Shock | Click for more |
| Was a huddlo Yes | 9 - Huddle called | | Infants (28 days or less) | Click for more |
| called?: | | | and the second se | |
| Peds Sensis Recent Vitals | | | Customized Antibiotics (organized alphabetically) Appendix | Click for more |
| 6/21 | /2021 6/21/2021 | | k anticaria | Click for more |
| 112 | 7 1128 | | > ampicilin | Click for more |
| Pulse: | 160 1 | | cefenime | Click for more |
| Temp: | 102.4 °F (39.1 °C) 1 | | ceftriaxone (ROCEPHIN) | Click for more |
| BP: - | 94/65 1 | | ▶ gentamicin | Click for more |
| Capitary Refit: - | seconds | | metronidazole (FLAGYL) | Click for more |
| Skin Condition/Temp: | Warm | | piperacillin/tazobactam (ZOSYN) | Click for more |
| Skin Color: | Pink | | ▶ tobramycin | Click for more |
| baseline neurologic | | | vancomycin (VANCOCIN) | Click for more |
| dysfunction that | | | ▼ MEDICATIONS - Severe Sensis / Sentic Shock | |
| status evaluation? | | | - Frank State Stat | Click for more |
| Level of - | Lethergic | | ▼ Hydrocortisone | |
| Consciousness. | | | Use if refractory to fluids and vasoactive medications. | |
| LDAs | | | hydrocortisone sod succinate (SoluCORTEF) injection - Loading Dose | |
| Active Sepsis PICC/CVC/ | Unnary Cath | | 2 mg/kg, Intravenous, Once, Starting 6/21/21 | |
| | | | hydrocortisone sod succinate (SoluCORTEF) injection | |
| | al Marcalalan | | Tingrag, incorrenous, every o nouis, scarcing open/ell | |
| No lab values to display. | al, Creatinine | | ▼Respiratory / Blood Gases | |
| | | | - F | Click for more |
| CBC RESULTS (Last 6 day | 5) | | - Laboration | |
| No results of this type found | within the past 6 days. | | * Laboratory | dist.fr |
| County Frances Trans | | | Experience (Chamietory) | Click for more |
| Separate Today (08/21/202 | H) 11-30 | | Microbiology / ID / Pathology | CARLE OF INCOME |
| Time Ex | vent User | | Blood Cultures | |
| 11:38:32 Se | epsis Documentation Start NT | | Culture, Urine | |
| | | | STAT, Starting 6/21/21, Urine | |
| | | | Culture, Respiratory/Throat | |
| | | | Once, Starting 6/21/21, STAT | |
| | | | Urine Studies | Click for more |
| Open Order Set D | a Not Open Pediatric Suspected Sensis Orders Proving | | Radiology / Diagnostics | |
| | | | - nanony / onground | click for more |
| Acknowledge Reason | | | | Circk for more |
| Order set ont indicated Net | on primary care team Remind me in 10 minutes | | ✓Additional SmartSet Orders | |
| and a second managed and | | ~ | Q Search | |
| | | | - Visu one search for an order by tuning in the bandler of this service. | |
| | 1 | Accept | can can approximate the second of the date of any second of our second | |

4. If **Do Not Open** is clicked then an acknowledgement reason must be selected.



- a. Order set not indicated = locks out the BPA for all users for <u>12 hrs</u>.
- b. Not on primary care team = locks out the BPA for the current user for <u>12 hrs.</u>
- c. Remind me in 10 minutes = locks out the BPA for all users for <u>10 minutes</u>.

Secondary Pediatric Sepsis BPA - 24 hrs.

Twenty-four hours after the last instance of signing the Pediatric Suspected Sepsis Order set, will activate a second BPA asking the Provider if new orders need to be placed from the order set.

- 1. The BPA will trigger if the most recent huddle documentation indicates:
 - a. A continued concern for sepsis/septic shock.
 - d. The No concern for sepsis has not been selected within the past 12 hrs.
 - e. Under causes to consider, Dying patient was not selected.
- 2. Opening the patient's chart will trigger the secondary Pediatric Sepsis BPA.
- 3. The BPA will display similar information as the initial BPA.

| BestPractice Advisory - | |
|---|---|
| Pediatric Sepsis Huddle documentation indicates use of the Inpatient Pediatric Sepsis Order set. | • |
| Peds Sepsis Score | |
| 5 Total Score | |
| 2 TEMPERATURE | |
| 1 RESPIRATION RATE 1 HEART RATE | |
| 1 Physical Exam | |
| Huddle Documentation | |
| 6/21/2021 | |
| Interventions were Bedside RN;Charge RN | |
| discussed with (select | |
| Discussed the IV access;IV Fluid bolus;Antibiotics | |
| following | |
| tions for higher No | |
| 15:17:43 Orders Discontinued AD CBC (06/18/21 1057); Differential (06/18/21 1057); Comprehensive Metabolic Panel (06/18/21 1057); POCT Glucose (06/18/21 1057); Lactate (06/18/21 1057); Calcium, Ionized (06/18/21 1057); C-Reactive Protein (06/18/21 1057); Poctrombin Time (06/18/21 1057); Poctrombin Tim | |
| 15:17:44 Orders Discontinued AD ED to CH Bed Placement Notification (06/21/21 1010) | |
| Open Order Set Do Not Open Pediatric Suspected Sepsis Orders Preview | |
| Acknowledge Reason | - |
| No order modifications at this time Not on primary care team | |
| | |

- 4. If a decision is made to add more orders from the order set, select **Open Order Set** and click **Accept**. This will take you to the Orders activity.
- 5. If no action needs to be taken selecting **Do Not Open** will require a selection:



- a. No order modifications at this time = locks out the BPA for all users.
- b. Not on primary team = locks out the current user for <u>12 hrs.</u>

Tertiary Pediatric Sepsis BPA-More than 24 hrs.

After the secondary BPA triggers, a tertiary BPA will activate. Please reference the criteria in step one below. The BPA will again ask the Provider if new orders need to be placed from the Pediatric Suspected Sepsis Order set.

- 1. The BPA will activate if the most recent huddle documentation indicates:
 - a. A continued concern for sepsis/septic shock.
 - b. The No concern for sepsis was not selected within the past 12 hrs.
 - c. Under Causes to consider, *Dying patient* was not selected.
 - d. Under Discussed interventions, one of the following was selected within the last <u>8hrs.</u>: *Cultures /Labs, including lactate, Antibiotics, IV Fluids,* or *Vasoactives*.
 - e. And the secondary 24 hrs. Peds Sepsis BPA has already been triggered.
- 2. Opening the patient's chart will trigger the tertiary Pediatric Sepsis BPA.
- 3. The BPA will be similar to the secondary BPA.

| | desum estation indicator una of the Insetiont Dadictic Course O | |
|--|---|---|
| Fediatric Sepsis Huddle | documentation indicates use of the Inpatient Pediatric Sepsis O | rder set. |
| Peds Sepsis Score | | |
| 5 Total S | core | |
| 2 TEMPE | RATURE | |
| 1 RESPIR | RATION RATE | |
| 1 Physica | I Exam | |
| | | |
| Huddle Documentation | on | |
| | 6/21/2021 1137 | |
| Interventions were | Bedside RN;Charge RN | |
| discussed with (selec | t | |
| Discussed the | IV access: IV Fluid bolus: Antibiotics | |
| following | | |
| interventions: | Na | |
| as for higher | | |
| 15-17-42 | | |
| CBC (06/18/21 105 Glucose (06/18/21 (06/18/21 1057); F (06/18/21 1057); F | Orders Discontinued 17): Differential (06/18/21 1057); Comprehensive Metabolic P. 1057); Lactate (06/18/21 1057); Calcium, Ionized (06/18/21 1057); Prothombin Time (06/18/21 1057); Partial Thromboplastin Tim Procedicitonin (06/18/21 1057); UA (06/18/21 1057) | AD anel (06/18/21 1057) ; POCT 057) ; C-Reactive Protein e (06/18/21 1057) ; Fibrinogen |
| CBC (06/18/21 105 Glucose (06/18/21 (06/18/21 1057); F (06/18/21 1057); F | The subscription (06/1821 1057); Comprehensive Metabolic P. 108/07 Lactate (06/1821 1057); Calcium Ionized (06/1821 1057); 108/07 Lactate (06/1821 1057); Partial Thromobilist Im voluments Performant reactionin (06/1821 1057); UA (06/1821 1157) Driders Discontinued Orders Discontinued Mean Molecular (06/121 1057) | AD anel (06/18/21 1057); POCT 057); C-Reactive Protein e (06/18/21 1057); Fibrinogen AD |
| CBC (06/18/21 105 Glucose (06/18/21 105 (06/18/21 1057); f (06/18/21 1057); f 15:17:44 ED to CH Bed Plac | Torrers Uscontinued (06/18/21 1057); Comprehensive Metabolic P. 1857); Lactate (06/18/21 1057); Calcium, Ionized (06/18/21 1 06/18/21 1057); Data Titomobalish Tim Procalcionin (06/18/21 1057); UA (06/18/21 1057) Orders Discontinued ement Notification (06/21/21 1010) | AD anel (06/18/21 1057) : POCT 057) : C-Reactive Protein e (06/18/21 1057) : Fibrinogen AD |
| CBC (66/18/21 105 Glucose (66/18/21 105 (06/18/21 1057); f (06/18/21 1057); f 15:17:44 ED to CH Bed Plac | To Torres Unscontinued To Torres Unscontinued To Torres Unscontinued Do Not Open Pediatric Suspected Sepsis Orders 1 | AD anel (06/18/21 1057) : POCT 057) : C-Reactive Protein e (06/18/21 1057) : Fibrinogen AD |
| CBC (06/18/21 105 Glacose (06/18/21 1057) : F (06/18/21 1057) : F (06/18/21 1057) : F 15:17:44 ED to CH Bed Plac | Orders Unscontinued To Differential (06/18/21 1057); Comprehensive Metabolic P. 1857); Lactate (06/18/21 1057); Calcium, Ionized (06/18/21 1057) 1057); UA (06/18/21 1057); Partial Thromoplastin Tim recalcionin (06/18/21 1057); UA (06/18/21 1057) Orders Discontinued ement Notification (06/21/21 1010) Do Not Open Pediatric Suspected Sepsis Orders 00 | AD anel (06/18/21 1057) : POCT 057) : C-Reactive Protein e (06/18/21 1057) : Fibrinogen AD |
| CBC (06/18/21 105 Glacose (06/18/21 1057) : F (06/18/21 1057) : F (06/18/21 1057) : F 15:17:44 ED to CH Bed Plac Open Order Set Acknowledge Reaso No order modifications | Orders Unscontinued To Effort and USF 1057); Comprehensive Metabolic P. 1657); Lactate (05/1821 1057); Calcium, Ionized (05/1821 107); 1057); Lactate (05/1821 1057); DA(05/1821 1057) Orders Discontinued ament Notification (06/21/21 1010) Do Not Open Pediatric Suspected Sepsis Orders n at this time Not on primary care team | AD anel (06/18/21 1057) : POCT 057) : C-Reactive Protein e (06/18/21 1057) : Fibrinogen AD Preview |

- 4. If a decision is made to add more orders from the order set, select **Open Order Set** and click **Accept**. This will take you to the Orders activity.
- 5. If no action needs to be taken, selecting **Do Not Open** will require a selection:



- a. No order modifications at this time = locks out the BPA for all users for <u>8 hrs.</u>
- b. Not on primary team = locks out the current user for <u>12 hrs.</u>
- 6. **Note**, this BPA will continue to trigger until the most recent huddle documentation indicates there is no longer a concern for sepsis or septic shock.

Order Set Suggestions

The *Pediatric Suspected Sepsis Orders* order set will also appear under *Suggestions* within the Orders activity within the patient's chart based on specific criteria.

- 1. If any of the following has been documented within a patient's chart, the *Pediatric Suspected Sepsis Orders* order set will appear under *Suggested Order Sets*:
 - a. If there is a diagnosis or clinical impression of sepsis or septic shock
 - b. If the ED PEDS Suspected Sepsis Orders order set was ordered within the ED
 - c. If the inpatient huddle documentation indicates the concern for sepsis or septic shock

| 0 | rder Sets | ? |
|---|--|---|
| Î | E Order Sets | |
| | Suggestions | |
| | Pediatric Suspected Sepsis Orders | |
| | ✓ <u>Open Order Sets</u> × C <u>l</u> ear Selection × R <u>e</u> move Oper | 1 |

2. Selecting the *Pediatric Suspected Sepsis Orders* order set and clicking Open Order Sets will open the orders allowing the provider to place the desired orders appropriate for patient care.

Pediatric Sepsis Information

PEDS SEPSIS Score Patient List Column

From Patient Lists, you can add the PEDS SEPSIS Score Column for quick referencing.

- 1. Select the List you would like to add the PEDS SEPSIS Score Column to.
- 2. Right click on the list and click **Properties**.



- 3. Under Available Columns, search for 'peds sepsis score column' and click + Add Column.
- 4. You can move the location of the column using the arrows.

| | My Patients [257501] | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|
| General Advanced | Epic Monitor | | | | | | | | |
| Name: | My Patients | | | | | | | | |
| Owner: | INPATIENT AMBULATORY, PHYSICIAN | | | | | | | | |
| Available Columns 1 n | natch for 'peds sepsis score column' peds sepsis scor X | | | | | | | | |
| Caption | Description | | | | | | | | |
| PEDS SEPSIS Sco | vre Column | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | + Add Column Copy | | | | | | | | |
| Selected Columns | | | | | | | | | |
| Caption | Description | | | | | | | | |
| Today's charges | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Unsigned Ord | | | | | | | | | |
| S/H | This column shows a red circle icon if a patient has more than 1 orders that have been signed a··· | | | | | | | | |
| Patient Location | This column displays the patient's current location. | | | | | | | | |
| Column to sort by: | | | | | | | | | |
| | Accept X Cancel | | | | | | | | |

- 5. Once completed click **Accept**.
- 6. The **PEDS SEPSIS Score Column** will now be visible. If applicable, the Peds Sepsis score will be displayed within the column.
- 7. Hovering over the score will display the breakdown of sepsis score indicated.

| Problem Sepsis (HCC) | PEDS SEPSIS Score Column | 2 | PEDS Sepsis TEMPERATURE | Factor Canal of Canal International Internat | Sidebar Summary | • | | | 0.6 | |
|-------------------------|-----------------------------|-----------------------|---|--|---|--|-------------------|-------------------|-------------------|--|
| | \mathcal{T} | 1 0 1 0 1 | RESPIRATION RATE BLOOD PRESSURE HEART RATE WBC Perfusion Physical Exam | | Peds Sep | sis Navigato | ntation/Revie | W Notes More | • 4 0 | |
| | | | | | Jump to Order Image: Peds Sep. | set 6/21/2021 1128 | 6/21/2021 1130 | 6/21/2021 1132 | 6/21/2021 1139 | |
| | | | | | Ped Filed Sepsis Score: PEDS Sepsis Temp Score: PEDS Sepsis RR | - - | 4 2 1 | 5 2 1 | 5 2 1 | |
| | | | | | Score: PEDS Sepsis HR Score: PEDS Sepsis Physical Exam Score: | - | 1 | 1 | 1 | |
| | | | | | File scor TEMPER RESPIRA HEART R Physical | sis Score e (Last filed: Jun ATURE TION RATE ATE Exam | 21, 2021 1139) | | | |

8. Double clicking on the score will open up the patient's chart to the *Sidebar Summary* displaying the **Peds Sepsis Sidebar Huddle** summary. Here, there is a wealth of information related to the patient's sepsis treatment.

Peds Sepsis Sidebar Huddle Summary

Within a patient's chart you can access the *Peds Sepsis Sidebar Huddle* summary. This will give you access to the *Peds Sepsis Navigator* and documented information related to sepsis.

1. Within a patient's chart, if you do not have the sidebar open, click on the tab to the right of the screen to open the sidebar summary.



2. Click on the search glass and type in 'peds sepsis sidebar huddle' to open the summary.



3. The Peds Sepsis Sidebar Huddle summary will display.

| E Peds Sepsis Naviga | tor | | | - Huddle D | * Huddle Decision | | | III Intake/Output C | | | | |
|---|-------------------|-------------------|-------------------|--|--------------------------------------|-------------------|------------|--------------------------------|--|-----------------------------------|--|--|
| Jump to Order Set | | | | | 6/21/2021 | | _ | View Table | ouput | | | |
| | | | | 1139 Was a huddle Yes - Huddle called | | | | None | | | | |
| Peds Sepsis Scoring | 3 | | | called?: | res muddle called | | | | | | | |
| 6/21/2021 1128 2nd Filed Sensir 0 | 6/21/2021 1130 | 6/21/2021 1132 | 6/21/2021 1139 | ∕€ Huddle D | ocumentation | | | No lab value | Lactate, CRP, Procal, Creatinin s to display. | ne | | |
| icore: | | · · · · | | | 6/21/2021 | | | | | | | |
| PEDS Sepsis - | 2 | 2 | 2 | Internetions | 1137 Reduide DhiCheses Dhi | | | L Microb | iology Results (last 7 days) | | | |
| PEDS Sepsis RR — | 1 | 1 | 1 | were discussed | Bedside Krycharge Kry | | | Compor | ent Value | Units | | |
| Score: DEDC Consis MR | | 1 | _ | with (select all that apply): | | | | Culture, Bloc Collected: 06 | od (181765) /18/21 1104 | | | |
| Score: | 1.1 | 1 | · · | Discussed the | IV access/IV Fluid bolus;Antibiotics | | | Order Status | Sent | | | |
| PEDS Sepsis — | - | 1 | 1 | following | | | | Specimen So | urce: Blood, Peripheral | | | |
| Physical Exam | | | | interventions: | | | | Culture, Bloc | od [181766] | | | |
| score: | | | | Indications for | No | | | Collected: 06 | /18/21 1104 | | | |
| | | | | higher Level of | | | | Order Status | Sent | | | |
| Peds Sepsis Score | | | | Response? | | | | Culture Urin | o (191767) | | | |
| | | | | Huddle | Concern for sensis/sentic shock | | | Collected: 06 | (18/21 1104 | | | |
| 5 File score (Last filed: J | un 21, 2021 1139) | | | consensus: | concern for sepsis/septic shock | | | Order Status | Sant | | | |
| 2 TEMPERATURE | | | | Re-evaluate | in 30 minutes | | | Snecimen Sc | urre: Urine | | | |
| 1 RESPIRATION RATE | | | | and document | | | | Specimen so | area anne | | | |
| 1 HEART RATE | | | | vital signs: | | | | | | | | |
| 1 Physical Exam | | | | | | | | CBC RESU | ILTS (Last 6 days) | | | |
| Sepsis Trend (O2H | or File Score li | nk onlv) (Las | t 96 hours) | 🖹 Notify Pr | ovider Order Details | | | No results of | this type found within the past 6 days. | | | |
| No recent data available for | tisplay | Current | Score: 5 | None | | | | O Sepsis | Events Timeline (6/21/2021 11: | 38:32 to 6/21/2021 | | |
| | | File Sco | re | DIDAC | | | | 23:38:32) | | | | |
| | | | | IO LORS | | | | An end even | t has not been filed for the most recent | t sepsis intervention. Due to | | |
| iew Accordion Report | | | | Active Sepsis | PICC/CVC/Urinary Cath | | | this sepsis in | tervention's length, not all data appear | rs below. To see all data, file a | | |
| | | | | None | | | | end event. | | | | |
| III Peds Sepsis Recent | Vitals | | | | | | | Sepsis: 06/ | 21/2021 11:38 | | | |
| | | | | At Hornital | Broblems # | | | Time | Event | User | | |
| 6/21/2021 | 6/21/2021 | | | de Hospital | Problems e | | Comment | 11:38:32 | Sepsis Documentation Start | NT | | |
| 1127 | 1128 | | | Problem | | Date Reviewed: 6 | 1/21/2021 | | | | | |
| Pulse: — | 160 1 | | | | ICD-10- | | de de cont | 15:17:42 | Orders Discontinued | AD | | |
| Resp: — | 30 1 | | | | CM P | Priority Class No | ted | Vital Signs (0 | 6/18/21 1100) ; Insert PIV (06/18/21 105 | i7) ; Initiate ED Peds Sepsis | | |
| Femp: — | 102.4 °F (39.1 | • | | Sepsis (HCC) | A41.9 | 6/2 | 1/2021 | Guidelines (0 | 6/18/21 1057) ; ABO/Rh (06/18/21 1057 |) ; Indirect Antiglobulin Test | | |
| | 0 1 | | | | | | | (06/18/21.10 | 57) | | | |

Peds Sepsis Navigator

You can access the Peds Sepsis Navigator from the Peds Sepsis Sidebar Huddle summary. From the Peds Sepsis Navigator you can place appropriate Order Set required from the BPA, review the Peds Sepsis BPA and other documentation as necessary.

1. From the *Peds Sepsis Sidebar Huddle summary* you can access the Peds Sepsis navigator. At the top under the heading *Peds Sepsis Navigator*, click on the hyperlink *Jump to Order Set*.

| Sidebar Summary 👻 | | |
|---|--|---|
| C E Index E Notes E Therapy Notes E Meds More | Peds Sepsis | 0 |
| Peds Sepsis Navigator | SEPSIS ASSESSMENT Peds Sepsis Score | BPA Order Sets t |
| # Jump to Order Set | BESTPRACTICE - | Search for new Order Set + Add |
| | BPA Order Sets | Favorites * |
| | Orders Sepsis BPA | Sickle Cell Vaso-occlusive Episode Orders - ADULT |
| | SEPSIS HUDDLE REVIEW | BestPractice Matches |
| | Peds Sepsis Rev | Pediatric Suspected Sepsis Orders |
| | | ✓ <u>Open Order Sets</u> X Clear Selection X <u>R</u> emove Open |
| | | Image: High Restore ✓ Close 1 Next |
| | | 👻 Orders 🖋 |
| | | Select/Release Sign and Held Orders Select Pended Orders |
| | | C Peds Sepsis Best Practice Advisory 🖉 |
| | | Peds Sepsis SBP (1) |
| | | Pediatric Sepsis Huddle documentation indicates use of the Inpatient Pediatric Sepsis Order set. Accept (1) |
| | | |

2. This will open up the BPA Order Sets section of the navigator. From there you have the ability to select the requested order set and open the orders within the navigator. This



allows you to reference information within the navigator such as, Huddle Documentation, recent laboratory studies and the Sepsis events Timeline.

3. Note that the Peds Sepsis Navigator displays similar information as the Peds Sepsis Sidebar Huddle Summary.