Sepsis Huddle Guidelines and SBAR tool

Bedside RN Role:

- **Notify senior resident (covering provider):** with sepsis concern, unit, patient name, MRN, your name and call back number, request closed-loop communication via call back from responding provider[1]
- **Response:** if no response to the page within 15 minutes, use chain of command (i.e. page Fellow, Attending)
- **Close loop**: with responding provider by stating SBAR below and confirming that team member on their way

[1](*BEFORE* calling the provider: evaluate the patient, notify Charge RN, complete a sepsis trigger tool and plan your SBAR. LEAD with your concern using the following language):

SITUATION: *I am concerned that patient________________is showing signs and symptoms of sepsis.*

BACKGROUND: *The patient was admitted with the diagnosis of ____________________(original condition).*

ASSESSMENT: *I have the following concerns (list abnormal/pertinent findings)*

- **Abnormal vital signs**
- **Perfusion concerns** (i.e. cap refill, pulses)
- **Mental status** (changed OR unchanged) from baseline
- **Other** (CVL/PICC, foley catheter, immunocompromised, CHEWS score other)

RECOMMENDATION: *I am requesting a sepsis huddle with the team at the bedside now*

Sepsis Huddle Checklist – on purple clipboard at nurse's station:

[ ] RN and provider assess patient and discuss findings at bedside

[ ] Ensure adequate IV access/page IV team*

[ ] If concern for sepsis, provider places orders using Sepsis Powerplan
- ***[ ] Discuss lab plan***
- ***[ ] Discuss antibiotic plan (different/additional abx? ID consult?)***
- ***[ ] Fluid bolus needed***

[ ] Discuss disposition/consult/transfer/frequency of assessment
[ ] Notify Attending regarding huddle outcome
[ ] Charge RN or designee assigns team responsibilities

Huddle outcome:

- **Document huddle**: in sepsis trigger tool dropdown
- **If concern for sepsis, use the sepsis powerplan**: to facilitate timely ordering, delivery and administration of antibiotics
- **Contingency planning** with team

*****Contact VAS (Vascular Access Team) – place a ***consult order*** in powerchart by entering "***Vascular Access Service Consult***" or "***IV Team Consult***". The order has a set picklist of reasons for the consult. The VAS is immediately notified.