

CODE SEPSIS

Huddle Time _____:_____ Age _____ Weight _____

Administer




Antibiotics by _____:_____ Allergies _____

(within 1 hour of huddle)

Attending name (phone or present): _____

Within

Time Completed

 <p>5 min</p>	<input type="checkbox"/> Document sepsis huddle <input type="checkbox"/> Apply oxygen regardless of SpO ₂ <input type="checkbox"/> Obtain I.V. access (Charge RN Vocera "urgent call I.V. team")	
 <p>15 min</p>	<input type="checkbox"/> Complete sepsis power plan ○ For ED use: ED PED Severe Sepsis ○ All others use: PEDCC Sepsis Limited <input type="checkbox"/> Draw iSTAT labs & blood cultures <input type="checkbox"/> Begin 1st fluid bolus via push-pull or pressure bag of 20 ml/kg	
 <p>60 min</p>	<input type="checkbox"/> Start I.V. antibiotics after cultures* *Don't delay administration for cultures *Call pharmacy via Vocera to hand deliver 1st dose of antibiotics <input type="checkbox"/> Complete fluid resuscitation 1 st fluid bolus volume _____ 2 nd fluid bolus volume* _____ 3 rd fluid bolus volume* _____ *if clinically indicated <input type="checkbox"/> Start vasopressors for persistent hypotension Goal systolic blood pressure _____	

SUGGESTED LABS

- iSTAT CBG (blood gas)
- iSTAT Lactic Acid
- Blood Culture
- CBC w/ Manual Diff
- CMP or RFP
- UA w/ Microscopic
- Type and Screen
- PT, PTT, INR, FIB
- Mixed Venous Gas

