


Pediatric Sepsis Screening Process

- In sepsis prompt treatment is essential to prevent progression to septic shock and death
- Best practice recommendations are that we regularly screen our patients for signs and symptoms of sepsis
- The purpose of the Sepsis Screening tool is to catch early signs of sepsis and initiate treatment quickly.





Sepsis Screening

- A task fires for the RN every four hours (8, 12, and 4) to screen his/her patient for signs of sepsis.

	407466048254	09/12/2018 20:00	Pedi Sepsis Screening Tool
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- The task takes the RN to I-view where the RN answers either 4 or 6 simple questions.

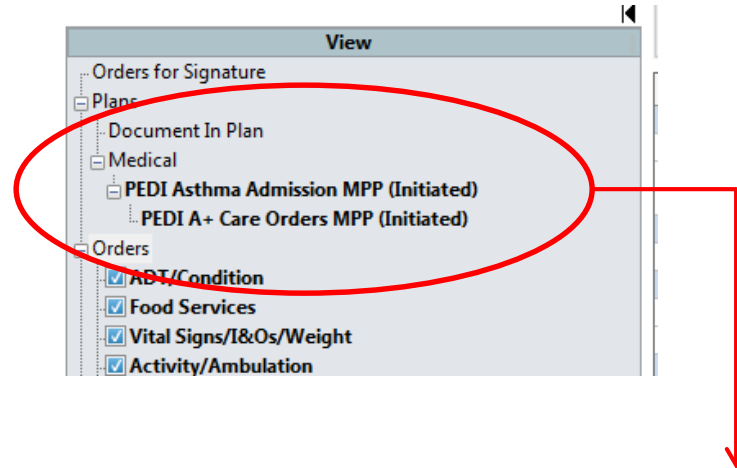
	12:00
△ Sepsis Screening	<input checked="" type="checkbox"/>
⬇ Sepsis MPP activated within last 7 days	No
⬇ *New fever (101)/hypothermia (96.8)	Yes
⬇ *New Hypotension	⬇
⬇ *New altered mental status	⬇
⬇ *New poor perfusion	⬇
⬇ *Was a Sepsis Huddle Called?	⬇

	05:00	06:00
Pedi Sepsis Screening T...		
△ Pedi Sepsis Screenin...		
⬇ Sepsis MPP activated the last 7 days?		
⬇ Any new fever/hypothermia?		
⬇ Any new poor perfusion?		
⬇ Any new hypotension?		
⬇ Any new altered mental status?		
⬇ Any new tachypnea?		
⬇ Any new tachycardia?		
⬇ A Sepsis huddle was called?		

To answer the first question, the RN will verify what MPP's have been initiated along with the date and time

	05:00	06:00
Pedi Sepsis Screening T...		
▾ Pedi Sepsis Screenin...		
▾ Sepsis MPP activated the last 7 days?		
▾ Any new fever/hypothermia?		
▾ Any new poor perfusion?		
▾ Any new hypotension?		
▾ Any new altered mental status?		
▾ Any new tachypnea?		
▾ Any new tachycardia?		
▾ A Sepsis huddle was called?		

MPP's can be found in Orders/IPC.



By clicking on the MPP you can will find the date a MPP was initiated.

\$	▼	Component	Status	
		PEDI Asthma Admission MPP (Initiated)		
		Last updated on: 09/12/2018 12:20 by: Phan, Tam Thanh Hoang MD		
		▾ ADT/Condition		

Pedi Sepsis Screening Form

	05:00	06:00
Pedi Sepsis Screening T...		
▾ Pedi Sepsis Screenin...		
▾ Sepsis MPP activated the last 7 days?	Yes	
▾ Any new fever/hypothermia?		
▾ Any new poor perfusion?		
▾ Any new hypotension?		
▾ Any new altered mental status?		
▾ Any new tachypnea?		
▾ Any new tachycardia?		
▾ A Sepsis huddle was called?		

Answering a 'Yes' to the first question completes the Sepsis Screening Tool, no further questions need to be addressed.

The patient is already being screened/treated for sepsis.

	05:00	06:00	07:00
Pedi Sepsis Screening T...			
▾ Pedi Sepsis Screenin...			
▾ Sepsis MPP activated the last 7 days?	No		
▾ *Any new fever/hypothermia?	◇		
▾ *Any new poor perfusion?	◇		
▾ *Any new hypotension?	◇		
▾ *Any new altered mental status?	◇		
▾ *Any new tachypnea?	◇		
▾ *Any new tachycardia?	◇		
▾ A Sepsis huddle was called?			

Answering 'No' to the first question opens the complete Sepsis Screen Tool with mandatory fields.

'New' is defined as any new symptom within the last 24 hours

If you answer "Yes" to any question after the first question, you will need to call a **sepsis huddle** as the patient has signs which indicate the patient may be developing sepsis.

PICU Sepsis Screening Form (called Sepsis Screening)

12:00	
△ Sepsis Screening	<input checked="" type="checkbox"/>
◇ Sepsis MPP activated within last 7 days	Yes

Answering a 'Yes' to the first question completes the Sepsis Screening Tool, no further questions need to be addressed.

The patient is already being screened/treated for sepsis.

12:00	
△ Sepsis Screening	<input checked="" type="checkbox"/>
◇ Sepsis MPP activated within last 7 days	No
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◇ *New Hypotension	◇
◇ *New altered mental status	◇
◇ *New poor perfusion	◇
◇ *Was a Sepsis Huddle Called?	◇

Answering 'No' to the first question opens the complete Sepsis Screen Tool with mandatory fields.

'New' is defined as any new symptom within the last 24 hours

If you answer "Yes" to any question after the first question, you will need to call a **sepsis huddle** as the patient has signs which indicate the patient may be developing sepsis.

CMHH Sepsis Screening – Sepsis Huddle

Who calls the sepsis huddle?

The bedside RN

Who attends a sepsis huddle?

- Bedside RN
- Charge RN
- Lead Hospitalist
- Team resident

What occurs during a sepsis huddle?

The group will meet, assess patient, and complete the Sepsis Huddle Tool and MDs will determine what, if any, follow up orders/task are needed. The Lead Hospitalist will contact specialty team or surgery team attending and update as needed.

MD Responsibilities



Respond

Review/
Assess

Orders

Huddle documentation

Power Orders

+ Add

1. Add an order

External Rx History

Rx Plans (1): MHHS RETAIL

Orders Medication List Document In Plan

View

Orders for Signature

Plans

Document In Plan

Medical

PEDI Admission Common Orders MPP

PEDI A+ Care Orders MPP (Planned

PICU/PEDI Common IV Fluids MPP (

PICU Electrolyte Replacement MPP

PICU Electrolyte Replacement MPP

PICU Arterial and Central Line Flush

PICU Ventilator Invasive MPP (Initia

PICU Ventilator Invasive MPP (Initia

PICU Electrolyte Replacement MPP

PICU Electrolyte Replacement MPP

PICU Arterial and Central Line Flush

PICU/PEDI Common IV Fluids MPP (

PICU Arterial and Central Line Flush

Foley Orders MPP (Initiated)

PICU Admission MPP (Initiated)

PICU Ventilator Non Invasive MPP (

PICU/PEDI Common IV Fluids MPP (

PEDI Anesthesia Pre-Op MPP (Initia

Add Order



Isolation:Airborne, Contact, Dro...Meas

INS:A

Search: Sepsis

Contains



Folder:

Search wi



-ED Sepsis MPP



-EDPedi Sepsis MPP



NICU Sepsis Add On MPP



Pedi Sepsis Huddle Form



Pedi Sepsis Screening Tool



PEDI/PICU Sepsis Add On MPP



Physician Sepsis Resuscitation Documentation



PICU Sepsis Add On MPP



PICU Sepsis Huddle Form



PICU Sepsis Screening

2. Search for Sepsis

3. Select either:

- Pedi Sepsis Huddle Form
- PICU Sepsis Huddle Form

4. After you sign the order, the form will open

Pedi Sepsis Huddle Form

Pedi Huddle for Sepsis Screening

1. Are any 2 of two of the following both present and new to the patient?

- | | |
|----------------------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Hyperthermia >38C (100.4F) | <input type="checkbox"/> Leukopenia |
| <input type="checkbox"/> Acutely altered mental status | <input type="checkbox"/> Tachypnea |
| <input type="checkbox"/> Leukocytosis | <input type="checkbox"/> Hypotension |
| <input type="checkbox"/> Hyperglycemia (plasma glucose >140mg/dl) in the absence of diabetes | <input type="checkbox"/> Acute skin changes/Mottling |
| <input type="checkbox"/> Hypothermia <36C (96.8F) | <input type="checkbox"/> HIGH RISK SEPSIS PATIENT |
| <input type="checkbox"/> Tachycardia | |

HIGH RISK SEPSIS PATIENT**central lines, transplant patients, sickle cell disease, neutropenia/immunocompromised, short bowel, metabolic disorders, mitochondrial disorders, technology dependent, dialysis, malignancy,

WITH parental concern AND/OR high clinical suspicion

2. Is the patient's history or clinical suggestive of any?

- | | |
|--------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Pneumonia/empyema | <input type="checkbox"/> CLABSI |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Other infection |
| <input type="checkbox"/> Bone/joint infection | <input type="checkbox"/> Endocarditis |
| <input type="checkbox"/> Implantable device infection | <input type="checkbox"/> Acute abdominal infection |
| <input type="checkbox"/> UTI | <input type="checkbox"/> High clinical suspicion of sepsis |
| <input type="checkbox"/> Skin/soft tissue inflammation | <input type="checkbox"/> No signs of infection |

Plan/Comments:

Staff participating in the Huddle:

Pedi Attending: 

Unit Charge Nurse: 

Bedside RN: 

Pedi Resident: 

If answers to questions 1 and 2 are YES, suspect sepsis and activate sepsis add-on MPP:

- Obtain serum lactate, CBC, blood culture prior to antibiotics (additional tests at physician's discretion)
- Order antibiotics STAT
- Give IV fluids bolus (NS, Plasmalyte or albumin 5%)
- Consider transfer to higher level of care

PICU/HCICU Sepsis Huddle Form

PICU Huddle for Sepsis Screening

1. Are any 2 of two of the following both present and new to the patient?

- | | |
|----------------------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Hyperthermia >38.3C (101F) | <input type="checkbox"/> Hypothermia <36C (96.8F) |
| <input type="checkbox"/> Acutely altered mental status | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Leukocytosis | <input type="checkbox"/> Leukopenia |
| <input type="checkbox"/> Hyperglycemia (plasma glucose >140mg/dl) in the absence of diabetes | <input type="checkbox"/> Tachypnea |

2. Is the patient's history or clinical suggestive of any?

- | | |
|--------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Pneumonia/empyema | <input type="checkbox"/> CLABSI |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Other infection |
| <input type="checkbox"/> Bone/joint infection | <input type="checkbox"/> Acute abdominal infection |
| <input type="checkbox"/> Implantable device infection | <input type="checkbox"/> Endocarditis |
| <input type="checkbox"/> UTI | <input type="checkbox"/> Bacteremia |
| <input type="checkbox"/> Skin/soft tissue inflammation | <input type="checkbox"/> None |

3. Are any of the following criteria present at a site remote from the site of infection that is NOT considered to be chronic condition?

- | | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hypotension | <input type="checkbox"/> Creatinine >2.0 mg/dl or urine output <0.5cc/kg/hr for 2 hours |
| <input type="checkbox"/> Bilirubin >2 mg/dl | <input type="checkbox"/> Platelet Count <100,000 |
| <input type="checkbox"/> Coagulopathy (INR >1.5 or aPTT >60 sec) | <input type="checkbox"/> Lactate >2mmol/L |
| <input type="checkbox"/> ALI PaO2/FiO2 <300 in the absence of pneumonia | <input type="checkbox"/> None |

Plan/Comments:

Staff participating in the Huddle:

PICU Fellow/Attending:

Unit Charge Nurse:

Bedside RN:

If answers to questions 1, 2, and 3 are YES, sepsis is suspected.
Consider to initiate sepsis add-on:

- . Obtain serum lactate, CBC, blood culture prior to antibiotics (additional tests at physicians discretion)
- . Order antibiotics STAT
- . Give IV fluids bolus (NS, plasmalyte and albumin 5%)
- . Culture blood, urine, tracheal aspirate and CSF as appropriate