Dialysis Facility Sepsis Screening Tool

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Record Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: The screening tool is for identifying patients with sepsis with each visit.

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| Section One | |
| Infection: Do the medical history, physical exam, or findings suggest infection? | |
| * Currently on antibiotic therapy to treat any infection? * Clinical suspicion of infection – cough, wound, sore throat, etc * Pneumonia * UTI (painful urination, urgency, feels need to urinate despite empty bladder) * Abdominal pain or distension * Meningitis * Indwelling medical device * Cellulitis/septic arthritis * Chemotherapy < 6 weeks prior or recent organ/bone  marrow transplant * Recent surgery |  Yes  No |
| If No checked in Section One - Negative screen for sepsis.  **Stop here**. No need to proceed to Section Two. Repeat sepsis screen for any new or suspected or confirmed infections or changes in condition.    If **YES** checked in Section One:  Assess Vital Signs and PROCEED TO SECTION TWO | |
| Section Two | |
| Are there **two or more** of the following signs of sepsis present? | |
| Temperature greater than or equal to 100.4°F or less than or equal to 96.8°F |  Yes  No |
| Heart rate greater than 90 beats/minute |  Yes  No |
| Respiratory rate greater than 20 breaths/minute |  Yes  No |
| Systolic blood pressure (BP) is less than 100 |  Yes  No |
| New onset mental status changes (mild confusion or disorientation) |  Yes  No |
| Significant pain |  Yes  No |
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| If less than two items are checked **YES** in Section Two - Negative screen for sepsis. **Stop here**. No need to proceed to Section Three. Repeat sepsis screen for any new or suspected or confirmed infections or changes in condition.  If two or more items are checked **YES** in Section Two, patient screens **positive** for POSSIBLE SEPSIS. | |
| SECTION TWO ACTION STEPS | |
| 1. Check Pulse Oximetry (SaO2) 2. PROCEED TO SECTION THREE to assess for signs of severe sepsis then use SBAR below to report to the provider | |
| Section Three | |
| Are there signs of severe sepsis (organ dysfunction) present? |  Yes  No |
| Cardiovascular dysfunction: Systolic BP less than 90 mmHg or 40 mmHg drop below baseline systolic |  Yes  No |
| Respiratory dysfunction: Pulse oximetry (SaO2) less than 90% and/or New or increasing need for Oxygen to keep sat >90% or prevent dyspnea |  Yes  No |
| Neurologic dysfunction: New onset severe mental status change or decreased level of consciousness (severe confusion or agitation/severe lethargy or difficulty waking up) |  Yes  No |
| Perfusion dysfunction: Mottled Skin (patchy red/purple discoloration on trunk or extremities) or Cap Refill greater than or equal to 3 seconds (while hand above heart level |  Yes  No |
| SECTION THREE ACTION STEPS: If one or more items is checked **YES** in Section Three- patient screens positive for **SEVERE SEPSIS!** | |
| 1. Notify physician of "possible severe sepsis" and positive findings, and EMS activation per SBAR below  2. If none checked YES in Section Three - negative screen for Severe Sepsis but still positive in Section Two. Continue with SECTION TWO ACTION STEPS by using SBAR below to notify physician. | |

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| SBAR Report/Notes | |
| Date and time |  |
| Situation |  |
| Background |  |
| Assessment |  |
| Recommendation |  |
| Other Notes |  |