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
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| 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 |  |