MEDICAL DIRECTIVE

Title: **Emergency Sepsis Protocol: Early Recognition and Treatment**

Approved by: **Medical Advisory Committee – June 26, 2012**

Authorizing physician(s):
The Emergency Physicians

Authorized to:
Registered Nurses (RN) in the Emergency Department (ED) that have the knowledge, skill and judgement to work with medical directives.

Patient Description/Population:
Patient must be 18 and over upon triage that have a "Think Sepsis" alert. This is a known or suspected source of infection and two or more Systematic Inflammatory Response Syndrome (SIRS) criteria.
****There must be no delay in physician notification if the patient has critical presentation. If the medical directive has been initiated and there is any noted clinical deterioration or concerns the physician must be notified immediately.***

Medical Directive Description/Physician's Order:
The purpose of the directive is to expedite the care and provide a standardized approach to patients who have been identified as potential sepsis.

1) Identify patient has potential sepsis→ Known or suspected source of infection + two or more SIRS criteria as noted on the Adult Sepsis Initial Treatment Pre Printed Order set.
2) Full set of Vital Signs documented on chart
3) Notify Resource Nurse, Navigator and/or Physician to see the patient as per Canadian Triage Acuity Scale (CTAS) guidelines and that a potentially septic patient has been identified
4) Place Adult Sepsis Initial Treatment Pre Printed Order Set on chart for MD
5) Administer oxygen as required to maintain oxygen saturation greater than 92%
6) Place patient on cardiac monitor as required
7) Lab Investigations: CBC, Electrolytes, Urea, Creatinine, Glucose, Calcium, Magnesium, Lactate, Blood Cultures x2, PT/APTT, Phosphate, Albumin, Liver Function Tests, Lipase, Troponin, Urine R&M, Urine C&S
8) Obtain Wound C&S, Sputum C&S, Line C & S (i.e. PICC, Cath, Central lines, etc.) as clinically indicated
9) If respiratory rate greater than 20 and oxygen saturation less than 95% on room air, obtain PA and Lateral CXR- if patient deemed unstable as outlined below, do portable CXR
10) Closely monitor urine output
11) Implementation of appropriate isolation precautions

If patient has signs or symptoms of severe sepsis/shock→ Any one of the below:

- Systolic Blood Pressure less than 90 mmHg or greater than 20 mmHg drop from the patient's baseline
- Lactate greater than 4
- Decreased Level of Consciousness
- Abnormal peripheral circulation: Cap refill greater than 3 seconds, signs of hypoperfusion and/or mottling

Follow treatment plan as indicated above and for unstable patient:

1) Initiate IV access Normal Saline and administer a 500 cc Normal Saline bolus if patient is identified as hypotensive and chest auscultation is clear
2) Notify MD right away for assessment
3) Obtain ECG and show physician
4) Insert Foley catheter as required

Contraindications:
Patient does not meet criteria as outlined in the patient description/population or patient refuses.

Documentation requirements:
The health care professional that institutes the medical directive must indicate this on the Emergency Face Sheet including date and time of implementation with signature and professional designation. The inclusion criteria for implementation must also be documented along with all appropriate intervention and responses as outlined by the College of Nurses of Ontario documentation guidelines.

References:

College of Nurses of Ontario (2009). Documentation, Reference document Retrieved July 28, 2009, from College of Nurses of Ontario Web site: http://www.cno.org/docs/policy/41052

Canadian Institute for Health Information, “In focus: A National Look at Sepsis” Ottawa, ON:CIHI, 2009)

Grand River Hospital/St. Mary’s General Hospital, Sepsis Management: Early recognition and Treatment, 2010

Humber River Regional Hospital, Sepsis Protocol Medical Directive, 2009

Developed by:	Shannon Keddy Name	Patient Care Specialist Position/Title	Emergency Services Program
Contact:	Shannon Keddy Name	Patient Care Specialist Position/Title	Emergency Services Program
(Main Contact – related to the development of the directive) **Shannon Keddy – Ext. 4221**			
Authorized by: **All Emergency Physicians -**	____________________ **Emergency Physicians – LHB, LHO, LHPP**	____________________ Date	

Approvals and Signatures:

Department Chief:	Dr. B. Fuller Name	Signature	Date
Medical Director:	Dr. B. Fuller Name	Signature	Date
Program Director:	Linda Calhoun Name	Signature	Date
Chair of Inter-Professional Advisory Comm.:	N/A Name	N/A Signature	Date
Chair of CNAC:	Linda Calhoun (Interim) Name	Signature	Date
Chair of P & T Comm:	Dr. M. Sandhu Name	Signature	Date
Final Approval Chair of MAC:	Dr. A. Stone Name	Signature	Date