

# Munson Healthcare Sepsis Initiative

**SEPSIS = SIRS PLUS Suspected Infection PLUS  
Associated Organ Dysfunction**

The Munson Sepsis Initiative (MSI) is a system-wide collaborative to stay ahead of sepsis and improve the care we deliver to patients in our region suffering from sepsis.



## STAY AHEAD OF SEPSIS

**It's an urgent, life-threatening  
medical emergency**

**SEPSIS** is defined as a LIFE THREATENING organ dysfunction caused by a dysregulated host response to known or suspected infection.

**SEPTIC SHOCK** is a sepsis-induced hypo-perfusion evidenced by refractory hypotension despite adequate fluid resuscitation and/or lactic acid of 4.0 or greater.

### **SIRS criteria (must meet two):**

- Temperature  $> 38.3\text{ C}$  or  $< 36\text{ C}$  ( $> 100.9$  or  $< 96.8$ )
- Heart rate  $> 90$
- Respiratory rate  $> 20$
- White Blood Cell (WBC) count  $> 12$  or  $< 4$  or Bands  $> 10\%$

### **Organ Dysfunction (must meet one):**

- Hypotension: systolic BP  $< 90$  or MAP  $< 65$  mmHg or SBP decrease  $> 40$  mmHg
- Lactic acidosis: lactate  $> 2$
- Acute respiratory failure/new need for mechanical ventilation
- AKI: creatinine  $> 2.0$  and/or UO  $< 0.5$  ml/kg/hr for 2 consecutive hours
- Liver failure: total Bilirubin  $> 2$
- Thrombocytopenia: platelet  $< 100,000$
- Coagulopathy: INR  $> 1.5$  or PTT  $> 60$
- Encephalopathy: new mental status changes

## Coding and Documentation Needs

In the Progress Notes, document sepsis and include the organ dysfunction met to arrive at the diagnosis using terms like "due to" or "secondary to" **AND the infection type**, if known. Document septic shock evidenced lactic acid of 4.0 or greater and/or refractory/persistent hypotension requiring pressors.

## When it comes to sepsis, remember the **3 Rs**:

### **Respond**

Rapidly initiate and carry out sepsis treatment.

### **Recognize**

Critically evaluate for possible infection and signs and symptoms of sepsis.

### **Reassess**

Continuously re-examine and quickly adjust treatment.



# STAY AHEAD OF SEPSIS

## Treatment Guidelines

### To be completed within 3 hours of time of presentation:

1. Measure lactate level
2. Obtain blood cultures prior to antibiotics
3. STAT administer broad spectrum antibiotics **WITHIN 1 HOUR OF ORDER**
4. Infuse total volume of 30ml/kg fluid bolus over 60-90 minutes for hypotension or lactate of 4.0 or greater.

### To be completed within 6 hours of time of presentation:

5. Administer vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain MAP > 65 mmHg
6. Within 1 hour after completion of fluid bolus, RN to document two consecutive sets of vital signs. Notify provider.
7. If initial lactate was > 2, re-measure lactate within 6 hours of time of presentation. Notify provider.
8. **Provider to perform and document repeat volume status and tissue perfusion assessment immediately following fluid bolus.** Acceptable forms of documentation include: "I have reassessed tissue perfusion after bolus given" OR "sepsis reassessment complete" OR a review of at least five of the following: pulse ox, cap refill, HR and rhythm, peripheral pulses, shock index, skin color and condition, urine output, vital signs OR documentation of CVP, SvO<sub>2</sub>, cardiac echo/US, fluid challenge, or passive leg raise.

## Provider "Pearls"

### When notified by nursing staff regarding a sepsis alert/positive screen or concern for sepsis:

1. Evaluate the patient and rapidly determine if sepsis is suspected or not suspected
2. If Sepsis is not suspected, communicate explanation to nursing staff of non-infectious cause

### Use the Sepsis Advisor or Sepsis Order Set for every patient with suspected sepsis:

3. Encourages "best practice" standardized treatment across Munson Healthcare
4. Includes all mandatory Bundle requirements

### All patients experiencing septic shock (as evidenced by hypotension of 4.0 or greater) must receive a 30 ml/kg target fluid volume at a bolus rate. Exceptions include:

5. Provider may choose to dose fluid based on patient's ideal body weight for a patient with BMI > 30 IF, within a single note, the provider documents that the patient is obese, and that the patient's IBW in kg was used to dose the sepsis fluid bolus. Example: "Patient is obese, IBW of 65 kg was used to calculate the sepsis fluid bolus."
6. Provider may choose to order less than 30 ml/kg sepsis fluid bolus IF there is an order for a lesser volume in mls or ml/kg and the provider documents, within a single note the volume ordered and a clinical reason for ordering a volume less than 30 ml/kg. Example: "Concern for fluid overload, 1000 ml sepsis fluid bolus ordered."



MUNSON HEALTHCARE

### For more information contact:

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