

# SEVERE SEPSIS NURSING DOCUMENTATION

PATIENT LABEL  
MUST BE PLACED  
WITHIN THIS BOX

ED Triage Date: \_\_\_\_\_ Time: \_\_\_\_\_ ICU Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Severe Sepsis Clinical Pathway (Document anything not addressed)**

**Severe Sepsis or Septic Shock \* Diagnosis:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Patient transferred to unit: Date: \_\_\_\_\_ Time: \_\_\_\_\_

When was patient identified as having severe sepsis or septic shock:  ED  Floor  ICU Admission  During ICU Stay

Decision to move to comfort care in first 24 hours after diagnosis:  Yes or  No

ICU Transfer: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Discharge Status: (Please Circle): Alive Expired Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Severe Sepsis defined as:** Meets criteria for sepsis and a new organ dysfunction  
**\*Septic Shock defined as:** Meets criteria for severe sepsis and one or more of the following: SBP < 90mmHg or SBP decrease > 40mmHg; or serum lactate > 4  
**\*\*Vasopressor unresponsive defined as:** Requiring vasopressors after fluid resuscitation completed

DO NOT WRITE IN THIS AREA

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	<b>Sepsis Daily Goals</b>	<b>Date:</b> _____ <b>0-1 Hours</b>	<b>Date:</b> _____ <b>1-6 Hours</b>	<b>Date:</b> _____ <b>6-24 Hours</b>	<b>Date:</b> _____ <b>24-72 Hours</b>
	<p><b>Goal directed therapy to achieve increased O2 delivery:</b></p> <p><b>CVP 8-12mmHg (12-15mmHg when ventilated)</b> <b>MAP ≥ 65mmHg</b> <b>SCVO2 ≥ 70%</b> <b>Blood Glucose 90-180mg/dl</b> <b>Urine Output ≥ 0.5ml/kg/hour</b></p> <p><b>Injury or ARDS: (within 24 hours)</b></p> <p>Is patient on mechanical ventilator? <b>Yes or No</b></p> <p>What is the PaO2/Fio2 ratio?</p> <p>Is the tidal volume 6ml/kg of ideal body weight in the first 24 hrs? <b>Yes or No</b></p> <p>Are the static or plateau inspiratory pressures &lt; 30cmH2O in first 24 hours? <b>Yes or No</b></p>	<p>Serum Lactate level ___ mmol <b>Time:</b> _____</p> <p>Were Blood Cultures drawn X2? (Prior to antibiotic therapy) <b>Yes or No</b></p> <p><b>Time of #1:</b> _____ <b>Time of #2:</b> _____</p> <p>Were other cultures drawn? List sites: _____ <b>Time Drawn:</b> _____</p> <p>SBP &lt; 90 <b>Yes or NO</b> BP ___ / ___ MAP &lt; 65 <b>Yes or NO</b> SBP decrease of &gt; 40mmHg from known baseline <b>Yes or NO</b></p> <p><b>Time</b> initial 20ml/kg fluid challenge administered: _____</p> <p><b>Time</b> broad spectrum antibiotic administered: _____ (after blood culture drawn) Antibiotic name: _____</p>	<p><b>Refer to Severe Sepsis Resuscitation Algorithm</b></p> <p>Was MAP &gt; 65mmHg after fluid bolus? <b>Yes or No</b></p> <p>Was TLC placed <b>Yes or No</b>? If no why: _____ <b>Time</b> CVP initiated: _____</p> <p>Did the patient receive vasopressors? <b>Yes or No</b></p> <p>Was SBP &gt; 65mmHg after vasopressors? <b>Yes or No</b></p> <p>Record the <b>first time</b> the following is achieved: ____ CVP 8-12mmHg on vent 12-15mmHg ____ MAP ≥ 65mmHg ____ ScVO2 ≥, 70% or SV02 &gt;65%</p>	<p><b>Refer to Management Orders</b></p> <p>Is Patient on vasopressor for more than 6 hours? <b>Yes or No</b></p> <p>Was the patient assessed for Drotrecogin Alfa (XIGRIS)<sup>®</sup> evaluation portion of the Drotrecogin Alfa (XIGRIS)<sup>®</sup>. Order form must be completed if vasopressor unresponsive: <b>Yes or No</b></p> <p>Was the patient eligible for Drotrecogin Alfa (XIGRIS)<sup>®</sup>? <b>Yes or No</b></p> <p>If Drotrecogin Alfa (XIGRIS)<sup>®</sup> administered, <b>Time:</b> _____</p> <p>Consider Hydrocortisone if vasopressor unresponsive** <b>Yes or No</b></p> <p>If hydrocortisone administered <b>Start Time:</b> _____ <b>(To be reevaluated on a daily basis)</b></p> <p>Consider Vasopressin for refractory septic shock <b>Time:</b> _____</p>	<p>____ Confirm Infectious Source</p> <p>____ Re-assess need for broad spectrum antibiotics</p> <p>Was the organism that was on culture reports sensitive to the initial antibiotic? <b>Yes or No NA</b></p> <p>Discontinue antibiotic when appropriate</p> <p>D/C or taper steroids if vasopressors are off</p> <p>Re-evaluate need for invasive lines or tubes</p> <p>Nutritional therapy initiated: <b>Yes or No</b></p>
	<b>RN:</b>	<b>RN:</b>	<b>RN:</b>	<b>RN:</b>	<b>RN:</b>
	<b>Time:</b>	<b>Time:</b>	<b>Time:</b>	<b>Time:</b>	<b>Time:</b>

