OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE NURSING
POLICY & PROCEDURE

NUMBER: 11288
VERSION: 1

SUBJECT/TITLE: **SEPSIS DEM**

POLICY: Nursing personnel in the Emergency Department will monitor for sepsis screening based on Criteria in Appendix A and B, and can initiate the "ED Blood Cultures Set" or lactate level for a repeat lactate >2.0 within three hours of a positive result.

PURPOSE: Caring for sepsis patients is a multidisciplinary effort, although this is a nursing driven policy, it is the provider's responsibility and clinical judgment to assess the patient and order the appropriate exams and interventions. This policy is meant to supplement care for sepsis patients.

1. Function: To describe a standardized approach for ED Adult sepsis screening.
2. Circumstances:
    a. Population: Adults ≥18 years of age in the Emergency Department at Olive View-UCLA Medical Center.
    b. Setting: The Department of Emergency Medicine at Olive View-UCLA Medical Center.
    c. Supervision: Each Registered Nurse has a nursing supervisor.
    d. Patient conditions: All patients with suspicion of sepsis and vital signs and laboratory values as designed in electronic health record

DEPARTMENTS: **DEPARTMENT OF EMERGENCY NURSING**

DEFINITIONS:

1. Standardized Procedure: The means designated to authorize performance of a medical function by a Registered Nurse.
2. Electronic Heath Record: ORCHID is Olive View-UCLA Medical Center current electronic health record
3. Blood Cultures: Blood samples tested to identify the sources of infection (collected in aerobic and anaerobic tubes).
4. Lactate Level: A metabolic product produced where there is inadequate organ perfusion of well-oxygenated blood.
5. ED Blood Cultures Order Set: STAT Blood draw of two sets Blood cultures and a lactate level.
6. Systemic Inflammatory Response Syndrome (SIRS): a sign of the body's response to an insult or Injury.

7. Sepsis: A life-threatening complication of an infection.
8. **Appendix A**: Sepsis Risk Factors:

- Suspected Source of Infection
- Altered Mental Status
- Immunocompromised
- Productive Cough
- Dysuria
- Fevers
- Chills
- Patient from Skilled Nursing Facility

Appendix B: Criteria Aligned with Electronic Health Record
SIRS alert trigger

- 3 signs of SIRS as defined in the electronic health record
  Sepsis alert trigger
- 2 signs of SIRS AND at least one of the organ dysfunction criteria as defined in the electronic health record.

PROCEDURE:

I: Assessment: Nursing/Triage: Patients will be assessed for risk factors, symptoms and signs suggestive of possible sepsis from signs and symptoms

Positive Screen Criteria:
One Risk Factor from Appendix A and Appendix B Criteria Aligned with Electronic Health Record.

II: Order Process:

1. For patients with a positive screen who are brought directly back to a room, the triage registered nurse or receiving registered nurse can order and initiate the ED Blood Cultures order set (includes 2 sets of blood cultures and lactate STAT) in ORCHID (Electronic Health Record).
2. For patients with a positive screen who are in the waiting room, the triage registered nurse can order the "ED Blood Cultures" order in ORCHID, and present the laboratory labels to the phlebotomists for a waiting room blood draw. The triage nurse will notify the MSE of the SIRS or Sepsis alert.
3. For patients in ED1-5, while treatment and evaluation is ongoing, if the patient's status changes and meets the criteria for possible sepsis, the nurse responsible for care, will order the "ED Blood Cultures" order in ORCHID, if the tests have yet to be ordered.
4. The registered nurse will notify the physician of the SIRS and SEPSIS alerts and the pending lab results. The registered nurse will document the name of the provider who was notified and the date and time of notification.

5. If an initial lactate level is >2.0mmol the registered nurse can place an order for a repeat lactate level within three hours.
6. Ordering labs in the EHR system: Registered nurses will sign on to the EHR system and will place the order for the labs utilizing the name of the current Chief Physician of the Medical Emergency Department and the feature "No co-sign required".

II. Requirements for Certification for Performance of the Standardized Procedure

1. **Education:** License with a current California RN License.
2. **Training:** Each RN who will use this Standardized Procedure must be oriented to the use of the Standardized procedure.
3. **Prior Experience:** No additional prior experience required.
4. **Competency assessment:**
   a. Initial: Verbalization of the policy.
   b. Ongoing: Will be conducted annually by Nurse Manager or designee.
5. The Nurse Manager (or designee) will notify staff when there are changes to the Standardized Procedure.
6. **Certified Personnel Authorized to Perform Function**-The Emergency Department will maintain a list of personnel authorized to perform functions under this standardized procedure

References:	
Approved by: Georgia Foot'e-Sam (Clinical Nurse Director II), Gregory Moran (Chief Physician), Judith Maass (Chief Executive Officer)	Date: 06/06/2017
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