Evaluation for Severe Sepsis Screening Tool

Instructions: Use this optional tool to screen patients for severe sepsis in the emergency department, on the wards, or in the ICU.

1. Is the patient's history suggestive of a new infection?
   - Pneumonia, empyema
   - Urinary tract infection
   - Acute abdominal infection
   - Meningitis
   - Skin/soft tissue infection
   - Bone/joint infection
   - Wound infection
   - Bloodstream catheter infection
   - Implantable device infection
   - Other ____________
   ___ Yes ___No

2. Are any two of the following signs & symptoms of infection both present and new to the patient? Note: laboratory values may have been obtained for inpatients but may not be available for outpatients.
   - Hyperthermia > 38.3 °C (101.0 °F)
   - Hypothermia < 36 °C (96.8°F)
   - Tachycardia > 90 bpm
   - Tachypnea > 20 bpm
   - Acutely altered mental status
   - Leukocytosis (WBC count >12,000 μL–1)
   - Leukopenia (WBC count < 4000 μL–1)
   - Hyperglycemia (plasma glucose >120 mg/dL) in the absence of diabetes
   ___ Yes ___No

   If the answer is yes to both either question 1 and 2, suspicion of infection is present:
   ✓ Obtain: lactic acid, blood cultures, CBC with differential, basic chemistry labs, bilirubin.
   ✓ At the physician's discretion obtain: UA, chest x-ray, amylase, lipase, ABG, CRP, CT scan.

3. Are any of the following organ dysfunction criteria present at a site remote from the site of the infection that are not considered to be chronic conditions? Note: the remote site stipulation is waived in the case of bilateral pulmonary infiltrates.
   - SBP < 90 mmHg or MAP < 65 mmHg
   - SBP decrease > 40 mm Hg from baseline
   - Bilateral pulmonary infiltrates with a new (or increased) oxygen requirement to maintain SpO2 > 90%
   - Bilateral pulmonary infiltrates with PaO2/FiO2 ratio < 300
   - Creatinine > 2.0 mg/dl (176.8 mmol/L) or Urine Output < 0.5 ml/kg/hour for > 2 hours
   - Bilirubin > 2 mg/dl (34.2 mmol/L)
   - Platelet count < 100,000
   - Coagulopathy (INR >1.5 or aPTT >60 secs)
   - Lactate > 2 mmol/L (18.0 mg/dl)
   ___ Yes ___No

   If suspicion of infection is present AND organ dysfunction is present, the patient meets the criteria for SEVERE SEPSIS and should be entered into the severe sepsis protocol.

Adapted from the ©2005 Surviving Sepsis Campaign and the Institute for Healthcare Improvement

For questions or concerns please contact the critical care fellow on call.

Cooper University Hospital

Place patient label here.

Signature____________________________________________

Date:____/____/___ Time of recognition:____:____(24 hr clock)