

The University of Kansas Hospital  
Evaluation for Severe Sepsis Screening Tool

<b>Instructions:</b>		
Use this tool to screen patients for severe sepsis in the emergency department, on the floors, or in the ICU. Can be completed by any licensed staff.		
<b>Date:</b>	<b>Time of screening:</b>	<b>Date:</b>
<b>I. Infection (Does the patient have a documented or do you suspect infection?)</b> <input type="checkbox"/> Suspected or documented infection <input type="checkbox"/> Antibiotic Therapy (not prophylaxis)	<b>I. Infection (Does the patient have a documented or do you suspect infection?)</b> <input type="checkbox"/> Suspected or documented infection <input type="checkbox"/> Antibiotic Therapy (not prophylaxis)	<b>I. Infection (Does the patient have a documented or do you suspect infection?)</b> <input type="checkbox"/> Suspected or documented infection <input type="checkbox"/> Antibiotic Therapy (not prophylaxis)
<b>II. SIRS (two or more of the following):</b> <input type="checkbox"/> Hyperthermia $\geq 38.0^{\circ}\text{C}$ ( $100.4^{\circ}\text{F}$ ) <input type="checkbox"/> Hypothermia $\leq 36.0^{\circ}\text{C}$ ( $96.8^{\circ}\text{F}$ ) <input type="checkbox"/> Tachycardia $\geq 90\text{bpm}$ <input type="checkbox"/> Tachypnea $\geq 20\text{bpm}$ <input type="checkbox"/> MAP $< 65\text{ mmHg}$ <input type="checkbox"/> SBP $< 90\text{ mmHg}$ <input type="checkbox"/> WBC $\geq 12,000$ <input type="checkbox"/> WBC $\leq 4,000$ <input type="checkbox"/> $> 10\%$ bands	<b>II. SIRS (two or more of the following):</b> <input type="checkbox"/> Hyperthermia $\geq 38.0^{\circ}\text{C}$ ( $100.4^{\circ}\text{F}$ ) <input type="checkbox"/> Hypothermia $\leq 36.0^{\circ}\text{C}$ ( $96.8^{\circ}\text{F}$ ) <input type="checkbox"/> Tachycardia $\geq 90\text{bpm}$ <input type="checkbox"/> Tachypnea $\geq 20\text{bpm}$ <input type="checkbox"/> MAP $< 65\text{ mmHg}$ <input type="checkbox"/> SBP $< 90\text{ mmHg}$ <input type="checkbox"/> WBC $\geq 12,000$ <input type="checkbox"/> WBC $\leq 4,000$ <input type="checkbox"/> $> 10\%$ bands	<b>II. SIRS (two or more of the following):</b> <input type="checkbox"/> Hyperthermia $\geq 38.0^{\circ}\text{C}$ ( $100.4^{\circ}\text{F}$ ) <input type="checkbox"/> Hypothermia $\leq 36.0^{\circ}\text{C}$ ( $96.8^{\circ}\text{F}$ ) <input type="checkbox"/> Tachycardia $\geq 90\text{bpm}$ <input type="checkbox"/> Tachypnea $\geq 20\text{bpm}$ <input type="checkbox"/> MAP $< 65\text{ mmHg}$ <input type="checkbox"/> SBP $< 90\text{ mmHg}$ <input type="checkbox"/> WBC $\geq 12,000$ <input type="checkbox"/> WBC $\leq 4,000$ <input type="checkbox"/> $> 10\%$ bands
If you answered YES to Step I and Step II, suspicion of infection is present. Activate the Rapid Response Team at #8-5656	If you answered YES to Step I and Step II, suspicion of infection is present. Activate the Rapid Response Team at #8-5656	If you answered YES to Step I and Step II, suspicion of infection is present. Activate the Rapid Response Team at #8-5656
<b>III. Organ dysfunction</b> (any organ dysfunction criteria present at a site remote from the site of infection that are not considered chronic) <input type="checkbox"/> Acutely altered mental status <input type="checkbox"/> SBP $< 90$ or MAP $< 65\text{mmHg}$ <input type="checkbox"/> SpO <sub>2</sub> $< 90\%$ on room air or on supplemental O <sub>2</sub> <input type="checkbox"/> Creatinine $> 2\text{mg/dl}$ or Urine output $< 0.5\text{ml/kg/hr}$ for $> 2$ hours <input type="checkbox"/> Bilirubin $> 2\text{mg/dl}$ , AST $> 90$ , ALT $> 90$ <input type="checkbox"/> Platelet count $< 100,000$ <input type="checkbox"/> Lactate $> 2\text{mmol/L}$	<b>III. Organ dysfunction</b> (any organ dysfunction criteria present at a site remote from the site of infection that are not considered chronic) <input type="checkbox"/> Acutely altered mental status <input type="checkbox"/> SBP $< 90$ or MAP $< 65\text{mmHg}$ <input type="checkbox"/> SpO <sub>2</sub> $< 90\%$ on room air or on supplemental O <sub>2</sub> <input type="checkbox"/> Creatinine $> 2\text{mg/dl}$ or Urine output $< 0.5\text{ml/kg/hr}$ for $> 2$ hours <input type="checkbox"/> Bilirubin $> 2\text{mg/dl}$ , AST $> 90$ , ALT $> 90$ <input type="checkbox"/> Platelet count $< 100,000$ <input type="checkbox"/> Lactate $> 2\text{mmol/L}$	<b>III. Organ dysfunction</b> (any organ dysfunction criteria present at a site remote from the site of infection that are not considered chronic) <input type="checkbox"/> Acutely altered mental status <input type="checkbox"/> SBP $< 90$ or MAP $< 65\text{mmHg}$ <input type="checkbox"/> SpO <sub>2</sub> $< 90\%$ on room air or on supplemental O <sub>2</sub> <input type="checkbox"/> Creatinine $> 2\text{mg/dl}$ or Urine output $< 0.5\text{ml/kg/hr}$ for $> 2$ hours <input type="checkbox"/> Bilirubin $> 2\text{mg/dl}$ , AST $> 90$ , ALT $> 90$ <input type="checkbox"/> Platelet count $< 100,000$ <input type="checkbox"/> Lactate $> 2\text{mmol/L}$
<b>IV. If you have checked one in section III</b> <input type="checkbox"/> Patient has screened positive for severe sepsis <b>Contact Physician</b> <input type="checkbox"/> No severe sepsis diagnosis by physician <input type="checkbox"/> Physician diagnosis of severe sepsis TIME _____ <input type="checkbox"/> Sepsis bundles implemented <input type="checkbox"/> Sepsis bundle not implemented <b>WHY</b> <input type="checkbox"/> Negative screen for severe sepsis	<b>IV. If you have checked one in section III</b> <input type="checkbox"/> Patient has screened positive for severe sepsis <b>Contact Physician</b> <input type="checkbox"/> No severe sepsis diagnosis by physician <input type="checkbox"/> Physician diagnosis of severe sepsis TIME _____ <input type="checkbox"/> Sepsis bundles implemented <input type="checkbox"/> Sepsis bundle not implemented <b>WHY</b> <input type="checkbox"/> Negative screen for severe sepsis	<b>IV. If you have checked one in section III</b> <input type="checkbox"/> Patient has screened positive for severe sepsis <b>Contact Physician</b> <input type="checkbox"/> No severe sepsis diagnosis by physician <input type="checkbox"/> Physician diagnosis of severe sepsis TIME _____ <input type="checkbox"/> Sepsis bundles implemented <input type="checkbox"/> Sepsis bundle not implemented <b>WHY</b> <input type="checkbox"/> Negative screen for severe sepsis
<b>If you have a positive screen please fax to Sepsis Coordinator at 8-1226.</b>	<b>If you have a positive screen please fax to Sepsis Coordinator at 8-1226.</b>	<b>If you have a positive screen please fax to Sepsis Coordinator at 8-1226.</b>

Please place patient's sticker here.

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