

CODE SEPSIS: ED / ICU FLOW SHEET

Recognition → Physician/APP Diagnosis + Date/Time → Code Sepsis Activation → SEP-1 Workflow

1) RECOGNIZE

SCREEN FOR SEPSIS

- Suspected or documented infection
- ≥ 2 SIRS: Temp >38 or <36 C; HR >90 ; RR >20 ; WBC $>12K$, $<4K$, or $>10\%$ bands
- Assess for acute organ dysfunction attributable to infection
- Severe sepsis = sepsis + acute organ dysfunction
- Assess for septic shock / qualifying hypotension

2) DOCUMENT → TRIGGER CODE SEPSIS

PHYSICIAN / APP DOCUMENTATION

- Document **SEVERE SEPSIS** or **SEPTIC SHOCK**
- Include a clear **DATE + TIME STAMP**
- Document suspected infection/source
- Document SIRS findings and acute organ dysfunction
- Link organ dysfunction to sepsis when clinically appropriate

→ **THIS TRIGGERS HOSPITAL CODE SEPSIS**

3) ACTIVATE + ESTABLISH TIME ZERO

ON CODE SEPSIS ACTIVATION

- Establish / confirm **Time Zero**
- Activate sepsis / SEP-1 pathway and applicable order set
- Coordinate physician/APP + RN response
- Verify lactate and blood-culture orders
- Verify antibiotics and fluid plan
- Track all required completion times

4) 3-HOUR BUNDLE

WITHIN 3 HOURS OF TIME ZERO — COMPLETE APPLICABLE ELEMENTS

- Measure **initial lactate**
- Obtain **blood cultures before antibiotics**
- Administer **appropriate broad-spectrum antibiotics**
- For qualifying hypotension/septic shock or lactate ≥ 4 : administer **30 mL/kg crystalloid** when applicable
- Document culture time, antibiotic time, patient weight and fluid volume
- Document clinically necessary fluid modification using hospital-compliant workflow

5) 6-HOUR / SHOCK + REASSESSMENT

BY 6 HOURS / SHOCK — COMPLETE APPLICABLE ELEMENTS

- Repeat lactate when required for an elevated initial lactate
- If hypotension persists after fluids: initiate vasopressor
- Target MAP ≥ 65 mmHg unless individualized
- Document required **reassessment of volume status and tissue perfusion**
- Document patient's response to resuscitation
- Document persistent hypotension and vasopressor response when applicable
- Address source control / escalation as clinically indicated

PHYSICIAN / APP — MUST BE EASY TO FIND IN THE RECORD: Severe sepsis/septic shock + DATE/TIME | Source | Organ dysfunction | Time Zero | Fluid strategy | Shock/pressor response | Reassessment documented

TEAM HUDDLE: Severe sepsis/shock date-time documented? • Code Sepsis activated? • Time Zero established? • Cultures before antibiotics? • Lactate? • Antibiotics? • Fluids? • Repeat lactate? • MAP/pressor? • Reassessment documented?

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Hospital educational workflow. Code Sepsis activation language reflects local operational workflow; formal SEP-1 abstraction follows the applicable CMS specification and hospital policy.