**Emergency Department**

Sepsis Handoff Information Tool

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| SituationS | Patient Name:Age:Gender:Presenting Complaint:Admitting Diagnosis: **Sepsis:** * Confirmed/Suspected Infection:
* 2+ SIRS:
	+ HR>90
	+ RR>20
	+ T>100.4,<96.8
	+ WBC>12,<4
	+ Altered Mental Status

**Severe Sepsis:** *(Above + Any One of the Following)** Lactate > 2 mmol/L
* Cr>2mg/dl or >0.5mg/dl over baseline
* Oliguria < 0.5mls/kg/hr for >2hrs
* AMS
* SBP<90mmHg
* Bilirubin>2mg/dl
* INR>1.5
* Platelet Count<100,000

**Septic Shock:** *(Severe Sepsis + Either of the Following)** Lactate >4 mmol/L
* Persistent MAP<70mmHg or SBP<90mmHg despite fluid bolus
 | Room Number: Room Type:  |
| BackgroundB | Chief Complaint:Time Zero:Initial Vital Signs: | SIRS Criteria* HR>90
* RR>20
* AMS
* T>100.4, <96.8
* WBC>12, <4
 | Allergies: |
| AssessmentA | IV Access: Initial Lactate:\_\_\_\_\_\_@\_\_\_\_\_Repeat Lactate:\_\_\_\_\_\_@\_\_\_\_\_Fluid Bolus:* Type:
* Amount:\_\_\_\_\_ml/kg
* Time:
* Response:

Blood Cultures x 2 @\_\_\_\_\_Antibiotic:* Confirmed/Suspected Infection Site:\_\_\_\_\_\_\_\_\_
* Name:\_\_\_\_\_\_\_\_\_@\_\_\_
* Name:\_\_\_\_\_\_\_\_\_@\_\_\_
* Name:\_\_\_\_\_\_\_\_\_@\_\_\_

Vasopressor* Drug:
* Time Initiated:
* Current dose:
 |  |
| RecommendationR | The following need to be completed within 6 hours of time zero: * Repeat Lactate due by: *(time)*
	+ Ordered: Yes/No
* Focus Bedside Physical Exam by MD/DO/NP/PA due by: *(time)*
* Vasopressor needs initiation due by: *(time)*
 | Additional Actions:  |