**Emergency Department**

Sepsis Handoff Information Tool

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| Situation  S | 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: |
| Background  B | Chief Complaint:  Time Zero:  Initial Vital Signs: | SIRS Criteria   * HR>90 * RR>20 * AMS * T>100.4, <96.8 * WBC>12, <4 | Allergies: |
| Assessment  A | 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: | |  |
| Recommendation  R | 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: | |