**ATRIUM SEPSIS HANDOFF TOOL**

### Treatment within 3 hours: Quick Treatment Equals Life

<table>
<thead>
<tr>
<th>Sepsis BPA Time________</th>
<th>ADDRESS THE BPA</th>
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</thead>
<tbody>
<tr>
<td>Sepsis Order set used: Yes ____ No ____</td>
<td>ENCOURAGE ORDER SET USE</td>
</tr>
<tr>
<td>Blood Cultures: (peripheral) #1_____ #2_____</td>
<td>DRAW BEFORE ANTIBIOTICS GIVEN</td>
</tr>
<tr>
<td>Initial Lactate Drawn: Yes ___ No ____</td>
<td></td>
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<tr>
<td>Antibiotics Given: Yes ____ No ____</td>
<td>BROAD SPECTRUM GIVEN FIRST</td>
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### Fluid Resuscitation

**If ordered (30 mL/kg crystalloid fluid for Hypotension**

(SBP < 90 or MAP <65 or SBP decrease by >40 points from baseline) OR Lactic Acid > or = to 4 meq/L.

**Cytaloids include 0.9%NS, Lactated Ringiers, Plasmalyte (not available at AMC), NORMOSOL**

Provider Notified: Yes ____ No ____

Provider Name: ___________

Kg of patient _______

Amount to be infused over 3 hours ___________ (kg’s x 30 = mL) USE PRESSURE BAG IF NEEDED

### Treatment within 6 hours:

| Repeat lactate in 2 hours (if initial was > or = 2 meq/L | Time: ___________ Result: ___________ |
|-----------------------------------------------------------------------------------------------|
| Vasopressors if hypotension persists: | |
| Drug Name: ___________ | |
| Time started ___________ BP ___________ |

**Remind Physician, PA or NP to perform Focused Physical Exam as it is due 1-hour post IV bolus completion – use Sepsis focused exam smart text in note**

| Time Due: ___________ |

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1. This hand off is to be used with every sepsis order set.
2. Lactate >2 must be redrawn in 2 hours

This is not a permanent part of record- Send hand off sheet with the patient during transfers. 8/17 IT
3. Blood cultures must be drawn prior to antibiotic start

4. Give broad spectrum antibiotic first (See list below) ***Goal: Administer ATB within 60 min of arrival***

When Administering 2 Antibiotics

- Beta-lactams: Broad Spectrum
  - Ceftriaxone (ROCEPHIN)
  - Cefepime (MAXIPIME)
  - Ertapenem (INVANZ)
  - Meropenem (MERREM)
  - Piperacillin / Tazobactam (ZOSYN)

When Administering ≥3 Antibiotics

- Beta-lactams: Broad Spectrum
  - Ceftriaxone (ROCEPHIN)
  - Cefepime (MAXIPIME)
  - Ertapenem (INVANZ)
  - Meropenem (MERREM)
  - Piperacillin / Tazobactam (ZOSYN)

One of the above broad spectrum beta-lactams administered?

- YES
- NO

When Administering 2 Antibiotics

- Fluoroquinolone / Monobactam
  - Levofloxacin (LEVAQUIN)
  - Aztreonam (AZACTAM)

When Administering ≥3 Antibiotics

- MRSA Therapy
  - Vancomycin
  - Linezolid (ZYVOX)

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When Administering 2 Antibiotics

- Miscellaneous
  - Vancomycin
  - Linezolid (ZYVOX)
  - Metronidazole (FLAGYL)
  - Azithromycin (ZITHROMAX)
  - Clindamycin (CLEOCIN)

When Administering ≥3 Antibiotics

- MRSA Therapy
  - Vancomycin
  - Linezolid (ZYVOX)

- Miscellaneous
  - Metronidazole (FLAGYL)
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  - Clindamycin (CLEOCIN)

5. If patient has a suspected infection with hypotension (SBP <90, MAP <65) or lactate >4, require aggressive fluid resuscitation. 30mg/kg regardless of renal or cardiac status
   - The 30 mg/kg fluid bolus order may be written as a PRN order to ensure that the appropriate clinical guidelines are met prior to administering bolus. Make sure the conditions are met prior to starting fluid administration.
   - If clinical decision is made to not administer the bolus of 30 mg/kg then physician documentation is required.

6. Focus exam is required within 1 hour of completing fluids. Go to notes under the smart text and type in "sepsis" or use sepsis in the body of the note.

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