Premier Sepsis
Best Practice Alerts

Using early identification tools to improve patient outcomes

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Premier Sepsis Best Practice Alerts (BPA)

• Discuss the 2 Epic BPAs related to Sepsis

• Identify why the BPAs fire

• Understand the expected nursing actions when the BPA fires
BPAs related to Sepsis

- SIRS BPA

- Sepsis BPA
Triggers for SIRS BPA

• The SIRS BPA fires when the patient has 3 or > of the following:
  • **Temperature** < 96.8°F (36°C) or > 100.4°F (38°C)
  • **Heart Rate** greater than 90 beats/min
  • **Respiratory Rate** > 20/min or **PCO2** < 32
  • **WBC count** < 4,000 or > 12,000
NOTE: The BPA will continue to fire until the Sepsis Screen is completed.
### Sepsis Screening Tool

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible Answers</th>
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<tbody>
<tr>
<td>Recent surgery/postpartum</td>
<td>Wound/dehiscence</td>
</tr>
<tr>
<td>Respiratory symptoms (productive cough)</td>
<td>Antibiotics prescribed within past 2 weeks</td>
</tr>
<tr>
<td>Positive blood culture</td>
<td>Indwelling tubes/lines</td>
</tr>
<tr>
<td>Acute change in mental status</td>
<td>UTI or other signs/symptoms of infection</td>
</tr>
<tr>
<td>Suspected infection, unknown source</td>
<td>Patient is currently being treated for sepsis</td>
</tr>
<tr>
<td>None of the above apply</td>
<td></td>
</tr>
</tbody>
</table>
• If “none of the above apply” is selected, the BPA resets itself and will re-fire in 12hrs if SIRS criteria is met

• If “pt currently being treated” the entire SIRS/Sepsis BPA will not fire for remainder of pts encounter
Sepsis Screening Tool, con’t2

- If any other item is selected, the Sepsis BPA will fire.
- Must select “close” for the screening to be complete.
### Sepsis BPA

<table>
<thead>
<tr>
<th>Sepsis Screen</th>
<th>Recent surgery/postpartum</th>
<th>Wound/cellulitis/decubitis</th>
<th>Respiratory symptoms (productive cough)</th>
<th>Antibiotics prescribed within past 2 weeks</th>
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### ATTENTION

Patient is at risk for SEPSIS

Assess patient, perform one or more of the following additional actions, and document as appropriate:

- Collaborate with Team Leader
- Notify appropriate physician using SBAR to communicate assessment, clinical findings, and early signs of sepsis
- Initiate ACT Alert call
Nursing Actions

- Collaborate with TL – or other Sepsis Expert on your unit
- Notify appropriate physician using SBAR – include recent VS, physical assessment findings
  - “Paint the Picture”
- Initiate ACT Alert