

Your Infection Toolkit

A Tool for Monitoring your Infection and Preventing Sepsis

This toolkit belongs to: _____ Date: _____

First, always use this **Stoplight** to check in with yourself or if you are not sure what to do:

Check-in Column

“What to do” Column

| | | |
|--------------------|--|---|
| GREEN ZONE | <p>ALL CLEAR (GOAL)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Temperature is 97-99 degrees Fahrenheit <input type="checkbox"/> No difficulty in breathing (you take 12-20 breaths per minute) <input type="checkbox"/> Your heart rate does not feeling like it is racing (your heart rate is below 90) <input type="checkbox"/> Appetite is good <input type="checkbox"/> You are feeling an acting like yourself <input type="checkbox"/> You are “taking” care of your infection or using infection prevention as prescribed | <p>Doing Great!</p> <ul style="list-style-type: none"> <input type="checkbox"/> You have no symptoms of infection <input type="checkbox"/> Your medication/treatment plan is working <input type="checkbox"/> Continue with your scheduled doctor appointments <input type="checkbox"/> Continue with good hand hygiene <input type="checkbox"/> _____ |
| YELLOW ZONE | <p>CAUTION (WARNING)</p> <p>If you have any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever with temperature is greater than 100.8 or less than 96.8 degrees (or you just may feel feverish or cold) <input type="checkbox"/> You feel different than you normally do or someone notices you may be acting different <input type="checkbox"/> Chills and/or feeling warm <input type="checkbox"/> Shortness of breath but can tolerate <input type="checkbox"/> Nausea and/or vomiting <input type="checkbox"/> Eating or drinking less than normal <input type="checkbox"/> Pain/burning/odor with urination <input type="checkbox"/> Wounds: rash, pus-like fluid, redness, and or pain present <input type="checkbox"/> Cough, increase phlegm <input type="checkbox"/> Flu-like symptoms | <p>Act Today!</p> <p style="text-align: center;">You may be at risk for Sepsis:</p> <ul style="list-style-type: none"> ✓ CALL-US FIRST – NURSE 24/7 <li style="text-align: center;">_____ <li style="text-align: center;"><i>(agency’s phone number)</i> ✓ Or call your doctor <li style="text-align: center;">_____ <li style="text-align: center;"><i>(doctor’s phone number)</i> |
| RED ZONE | <p>EMERGENCY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your heart feels like it is beating really fast <input type="checkbox"/> You cannot catch your breath or you are breathing very fast <input type="checkbox"/> Extremely confused, unresponsive, or lifeless <input type="checkbox"/> Extreme pain, cannot tolerate <input type="checkbox"/> Pale or change in skin color | <p>Act NOW!</p> <p style="text-align: center;">Means you need to be seen by a doctor <u>right away</u></p> <p style="text-align: center;">Go to nearest Emergency Room Or call 911</p> |

Self-Monitoring Log

Name: _____

Physician: _____ Physician Phone: _____

Home Care: _____ Home Care Phone: _____

| Date | Blood Pressure (BP) | Heart Rate (BPM)/Pain | Resp | Temp | Blood Sugar (DM) | Rate how you feel today. |
|-------------------|------------------------|--|----------------|---------------------|----------------------------|---|
| | | / | | | |  _____  |
| | | / | | | |  _____  |
| | | / | | | |  _____  |
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| | | / | | | |  _____  |
| | | / | | | |  _____  |
| Parameters | 160/90 to 90/60 | HR: 60 – 100 Pain < ____ | 12 – 20 | 96.9 – 100.7 | < 70 >250 | Great-----Bad |

Preventing Sepsis

If you currently have an infection or have recently had an infection you are at risk for sepsis. Sepsis is the body's often deadly response to infection. During sepsis your body reacts to internal swelling and bacteria gets into your blood stream. Sepsis may cause your blood pressure to drop and your lungs and kidneys may stop working. Our goal is to work with you to prevent sepsis from occurring.

Let's check in with where you are now

- I currently have an infection
- I recently had an infection
- My infection was related to: _____

CDC Sepsis Fast Facts
 Sepsis begins outside of the hospital for nearly 80% of patients

Now that we have identified your source of current or recent infection, we want to teach you to prevent but also notice early signs of symptoms of a worsening infection or sepsis.

Prevention

First, let's talk about prevention. Many infections and sepsis can be prevented by consistent, good hand-washing and vaccinations. We have provided you with "health tips" education to lower your risk of infection or sepsis.

- Healthy Lungs (p. 4)
- Urinary Health (p. 5)
- Skin and Wound Health (p. 6)
- Hand Washing (p. 7)
- Incentive Spirometer or Deep Breathing (p. 8)
- Mouth, teeth, denture care (p. 9)
- Other _____

CDC Sepsis Fast Facts
 7 in 10 patient with sepsis recently used health care services or had chronic disease requiring frequent medical care

Four types of infection are most often associated with sepsis: lung, urinary tract, skin, and gut

Self-Monitoring

Next, let's learn how to check in with our body. You have a stoplight tool (front cover). This tool can be used to check in daily and as needed when there is a change in how you feel. The stoplight tool is meant for you and/or your caregiver so that you can "check-in" and monitor yourself during or after a recent infection. Your home care team will teach you how to use self-monitoring tools (page 1,2)

Anytime you do not feel well, log what you can and call your home provider or physician. Self-monitoring will help identify early problems so you can get fast treatment and prevent complications.



SOURCE: CDC Vital Signs, August 2016

Healthy Lungs

We want to work hard to help you avoid getting sick (infection). An infection in your lungs can make it harder for you to breathe and you can become very weak. Sometimes infections get so bad that you have to be sent to the hospital. We want to make sure that you stay healthy and avoid getting sick.

****If you have a lung concern, use your Stoplight Tool on the front cover to monitor yourself****

Tips to AVOID Getting Sick or a Lung Infection

- **Wash hands (page 7)**
 - Regularly wash hands with soap and water or an alcohol based hand sanitizer. Always wash hands after contact with saliva (spit) or dirty objects (like door knobs in bathrooms).
- **Be Polite and cover your mouth when coughing or sneezing**
 - Cough or sneeze into a tissue and then throw the tissue away. No tissue? Cough or sneeze into elbow.
 - ALWAYS WASH YOUR HANDS after you cough or sneeze into a tissue or if you accidentally cough or sneeze in your hand
- **Get sleep and rest – good rest helps the body fight infection**
- **Get vaccinated**
 - Flu and pneumonia vaccines protect you from infections.
 - If you need vaccines your home health care provider can help you get set-up
- **Keep hands away from eyes, nose, and mouth**
- **AVOID sharing personal items**
- **Keep household surfaces clean**
- **Stay home if you are not feeling well**
- **AVOID other people who do not feel well**
- **If you can, AVOID places where groups of people are sick, like hospitals.**
- **SPEAK UP – if someone is coughing/sneezing ask them to wash their hands, always make sure your health care providers are washing their hands!**
- **Use your Incentive Spirometer and do your Deep Breathing exercises (page 8)**
- **Perform teeth/denture care regularly with a tooth brush (page 9)**
 - Bacteria from your teeth/mouth can easily be swallowed and end up in your lungs. This can significantly increase your chances of getting Pneumonia

Signs of Infection

Contact your home health care provider if you have any of the following signs of possible infection.

- Feeling winded (increased shortness of breath)
- Wheezing or whistling with breathing
- Coughing up more mucus (spit or phlegm) than normal
- Yellow or green colored mucus
- Unusual sinus drainage or head/face congestion
- Sore throat
- Fever (temperature greater than 100)
- Feeling more tired or you are weaker than normal
- Fast heart beat
- Just not feeling right, acting funny
- Chest pain or cannot catch breath call 9-1-1**

Urinary Health

It is important that we help you prevent a urinary tract infection (UTI) or if you currently have an infection we want to make sure you heal in your home. Our goal is to ensure that your urinary health remains in good condition and that you feel good.

First Let's Check In:

- I am at risk for a UTI I am currently being treated for UTI I am concerned I have a UTI

If I have a UTI, my current antibiotic treatment is: _____

Some people are at higher risk for UTI than others; your nurse has identified your risk factors:

- Incontinence
- Female anatomy
- Low water intake
- Sexual intercourse
- Urinary tract problems
- Menopause (less estrogen)
- A block in the urinary tract by kidney stones or enlarged prostate (traps urine in bladder).
- A suppressed immune system from _____
- A recent urinary procedure: _____
- Catheter use (see p.10 for safe catheter care)

****If you have a UTI concern, use your Stoplight Tool on the front cover to monitor yourself****

Tips to TREAT and AVOID UTI:

- Drink plenty of liquids, especially water.** This will keep bacteria out of your urine (pee). It may not hurt to add Cranberry juice to your diet as well.
- Females, wipe from front to back.** This will keep bacteria out of the area where urine comes out of the body
- If you cannot always get to the bathroom in time, check your brief every 2 hours and change when wet or dirty.** If urine or feces (poop) sits in your brief it can enter the urine tract
- Empty your bladder soon after intercourse.** Drink a full glass of water to help flush bacteria.
- Avoid potentially irritating feminine products.** They can irritate the urine tract.
- Always wash your hands after going to the bathroom.** See tips for handwashing on p.7

At risk? Monitor for the following signs

- Strong-smelling urine
- New back or side pain
- Urine that looks cloudy
- Burning when you urinate
- Little to no urine for the day
- Strong, constant feeling you have urinate (urge)
- Urine that looks red, bright pink or cola-colored (a sign of blood in the urine)
- Pelvic pain, in women (typically center of the pelvis and around the area of the pubic bone)
 - Ask your nurse or provider to show you where your pelvis and pubic bone are located

Healthy Skin & Wound Care

First Let's Check In:

- I am at risk for a wound/skin infection
- I am currently being treated for wound/skin infection
If I have a wound or skin infection my current antibiotic treatment: _____
- I am concerned I have a wound infection

Your nurse has identified the following skin or wound problems (type/location):
*(*See page 11 on how to clean and dress your wounds)*

| | |
|----|----|
| 1) | 5) |
| 2) | 6) |
| 3) | 7) |
| 4) | 8) |

****If you have a wound/skin concern, use your Stoplight Tool on the front cover to monitor yourself****

Perform general skin care as follows (include product and frequency)

**Always clean skin with soap/water or skin cleanser prior to topical skin treatments*

Incontinent Care/brief changes:

- If incontinent you should always check your brief/pad every 2 hours and change when dirty

Ointments/Barriers Creams:

- Always apply skin protectant _____ times daily or after episode of incontinence. Cleanse skin prior to application

Bathing:

Special Instructions:

AVOID Skin and Wound Infection with good Handwashing (page 7)

Patients

- Always wash your hands prior to cleaning your skin or wound.
- Always wear gloves when doing your wound care

Caregivers

- Always wash your hands than put on gloves to lower your risk of catching or passing on infection
- For wound care, always include gloves as part of your wound care

Monitor your skin and report:

- New opened areas on skin
- Check bony areas for redness or dark circle spots
- New or increasing redness/pink areas or scattered spots
- Painful areas that may present as boils (large painful bumps)
- Check skin folds/warm skin areas for new or worsening rashes/yeast
- New or worsening swelling on legs which may or may not include pink/redness and pain
- Diabetics should check feet daily and report any open areas or red spots*



Infection Prevention Hand Washing



Keeping your hands clean is the best thing we can do to prevent getting sick and spreading germs. Many diseases are spread by not washing hands. We have provided you the when and how of handwashing!

| When do I Wash my Hands? | |
|---|---|
| Before, during, and after preparing food | After using the toilet |
| Before eating food | After changing diapers or cleaning up urine/feces |
| Before and after caring for someone who is sick | After blowing your nose, coughing, sneezing |
| Before and after treating a cut or wound | After touching an animal, animal feed, animal waste |
| For a hand washing demonstration visit: https://www.cdc.gov/cdctv/healthyliving/hygiene/fight-germs-wash-hands.html | After handling pet food or pet treats |
| | After touching garbage |

| How Should I Wash my Hands? | |
|------------------------------------|---|
| WET | Wet your hands with clean, running water (warm or cold), turn of the tap and apply soap |
| LATHER | Lather your hand by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. |
| SCRUB | Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice. |
| RINSE | Rinse your hands well under clean, running water. |
| DRY | Dry your hands using a clean towel or air dry them |

Washing your hands with soap and water is the best way to reduce the number of germs in most situations. If soap and water are not available or your hands are not visibly dirty or greasy, a Hand Sanitizer with a **60% Alcohol-Based solution** can quickly reduce the germs on your hands.

Remember: Hand sanitizers are not as effective when hands are visibly dirty or greasy.

| How Should Sanitize my Hands? | |
|--------------------------------------|--|
| APPLY | Apply the product to the palm of one hand (read label for correct amount) |
| RUB, RUB | Rub hands together, continue to rub and cover all surfaces of your hands and fingers until your hands are dry. Do not wipe excess sanitizer off. |

Pneumonia Prevention

Using an incentive spirometer will expand and fill your lungs. This helps you to breathe more deeply and fully. Incentive spirometer use is especially beneficial in improving how your lungs work. Using an incentive spirometer can lower your risk of infection. Many patients use them for lung problems, chronic infections, and after surgery.

Incentive Spirometer: Here is how it works!

1. Sit upright in your chair or in bed
2. Place mouthpiece in your mouth and close lips tightly around it.
3. Inhale slowly through your mouth as deeply as you can. As you breathe in, the piston will rise inside the large column. While the piston rises, the indicator on the right should move upwards and stay in between the two arrows.
4. Try to get the piston as high as you can, while keeping indicator between the arrows
5. When you cannot inhale any longer, remove mouthpiece and hold your breath as long as possible.
6. Exhale normally
7. Rest for a few seconds.
8. Repeat 10 times. Try to get the piston to same level with each breath
9. Repeat steps 1-7 every hour you are awake.
10. We also have a video that will help or the nurse/therapist can show you how to do it



Deep Breathing

Deep breathing helps keep your lungs clear. If you have recently had surgery it will help you get better faster. Deep breathing also helps prevent lung infection. It is a good alternative if you do not have an incentive spirometer.

Follow these Simple Steps

1. Sit on the edge of a bed or a chair. You can also lie on your back with your knees slightly bent.
2. If you've had surgery, hold a pillow or rolled-up towel firmly against your incision with both hands. Hug the pillow.
3. Breathe out normally.
4. Breathe in deeply through your nose. Feel your stomach push out as you breathe in.
5. Pucker your lips as you would to blow out a candle.
6. With your lips puckered, breathe out slowly through your mouth. You should feel your chest go down as you breathe out.
7. Rest for a few seconds.
8. Repeat the above steps as many times as directed.



Mouth, Teeth, and Denture Care (Oral Care)

Bacteria from your teeth/mouth can easily be swallowed and end up in your lungs. This can significantly increase your chances of getting Pneumonia. Regular, good oral care helps prevent Pneumonia from occurring.

| I am... | The equipment required for my oral care is... | How to do Oral Care... | How often to Oral Care... |
|--|---|--|---|
| <input type="checkbox"/> Able to do my own oral care with little or no assistance. <input type="checkbox"/> I can also “spit” on my own. | <ul style="list-style-type: none"> • Soft toothbrush (ADA approved) • Plaque-removing toothpaste • Alcohol-free anti-septic mouthwash • Mouth moisturizer and 1-2 swabs to help apply it, if desired | <ol style="list-style-type: none"> 1. Set up at sink or bed with equipment 2. Brush teeth for 1 to 2 minutes 3. Swish and spit mouthwash 4. Swab mouth and lips with moisturizer (if desired) | <ul style="list-style-type: none"> • After each meal and before bedtime • If you do not take in food by mouth, do oral care in morning, mid-day, evening, and bedtime |
| <input type="checkbox"/> Dependent on a caregiver for oral care or I cannot spit <input type="checkbox"/> I am at risk for aspiration pneumonia | <ul style="list-style-type: none"> • Suction toothbrush • Alcohol-free anti-septic mouthwash • Mouth moisturizer and 1-2 swabs to help apply it <p><i>*Caregivers always where gloves and masks (as needed)</i></p> | <ol style="list-style-type: none"> 1. Wet suction toothbrush in mouthwash 2. Connect toothbrush to continuous suction 3. Brush for 1-2 min 4. Suction debris from mouth 5. Swab mouth and lips with moisturizer | <ul style="list-style-type: none"> • After each meal and before bedtime • If you do not take in food by mouth, do oral care in morning, mid-day, evening, and bedtime |
| <input type="checkbox"/> Required to wear dentures and/or I have no teeth | <ul style="list-style-type: none"> • Denture cup • Soft toothbrush (ADA approved) • Denture cleaner for soaking • Two swabs • Alcohol-free antiseptic mouth wash • Denture adhesive, if desired | <ol style="list-style-type: none"> 1. Remove dentures, place in cup 2. Brush entire mouth and tongue with toothbrush or swab 3. Swish and spit mouth wash or apply with swab 4. Carefully brush dentures with warm water – do not use toothpaste! 5. Clean and dry equipment 6. Apply dentures 7. After bedtime mouth care, soak dentures in “denture cleanser” 8. Use adhesive to hold dentures firmly in place if needed | <ul style="list-style-type: none"> • After each meal and at bedtime |

Catheter Care

We have made a goal to lower your risk of catheter problems and infections. All you have to do is follow these catheter care tips each day!

First let's check in with your catheter situation: Male Female Urethral Suprapubic
Catheter Size **Balloon Size** **Special Type**

Self-Care

1. Only take showers (or bed baths). Sitting in the tub to bathe puts you at risk for infection
2. Try to shower with your "large bag" and never your leg bag. It may be easiest to clean-up in the morning when you first wake. If you only use one bag just leave it on. (large bag is also "night bag")

Catheter Cleaning

You can do this in or out of the shower; Use clean washcloth or gauze

1. Wash hands (see page 7 for handwashing)
2. Use mild soap to clean genital area (Dove®)
 - Men, retract foreskin and clean area including penis
 - Women clean front to back
 - Suprapubic, clean around the site
3. Clean urinary opening
4. Clean catheter from where it enters the body then down away from your body – avoid tension
5. Rinse area well and dry gently
6. If you removed old cath-secure, place new one

Prevent and Monitor Infection

- Large bag below your belly and off floor
- Keep catheter secure to your thigh
- Do not lie on catheter or block flow of urine
- Drink fluids and perform catheter care daily
- Clean hands before/ after touching catheter or bag

Call Optimal Care (248-723-9613) right away:

- Catheter comes out**
(do not replace yourself, do not go to the ER)
- Less urine than normal is coming out**
- Foul smelling urine**
- Bright red blood or large clots**
- Belly pain or no urine in catheter bag**
- You feel feverish**

Caring for your urine bags

Minimize bag changes to no more than twice a day – large bag at night, leg bag in am (large bag for showering)

1. Wash hands prior to changing
2. Empty urine from bag (do not let spout touch toilet or urine collection basin)
3. Clean cloth or gauze around connector to catch leakage
4. Pinch catheter and disconnect bag
5. Wipe end of catheter with alcohol swab
6. Wipe connector of new bag with second swab
7. Connect clean bag to the catheter
8. Check all connection, ensure spout is off

Cleaning your drainage bags

1. Wash hands
2. Rinse bag with cool water (hot water will damage bag)
3. Fill bag halfway with a mixture of 1 part white vinegar and 3 parts water, shake, let sit for 15 minutes
4. Rinse bag with cool water and hang up to dry

Caring for your leg bag

1. Wear below knee
2. Keep secure with Velcro, make sure straps are not tight (*this will decrease circulation, increase risk for blood clots*)
3. Empty every 2-4 hours or $\frac{3}{4}$ full, do not let fill completely
4. Do not lie down for more than 2 hours with leg bag on

Caring for your large (night) bag

Never lay your large (night) bag directly on the ground

1. Keep below level of your bladder
 - Hang night bag on a side rail or
 - Place clean plastic bag inside of basin/basket and hang inside the basin/basket

Slight blood or urine where the catheter enters your body can be normal after a bowel movement (poop), walking, or if there was a tug. IF it does not resolve, let your nurse know.

Wound Care

General Instructions for Wound Care

| | |
|---|--|
| 1.) Wash hands, prepare supplies on a clean surface | 5.) Remove gloves and throw away, wash hands |
| 2.) Wash hands, apply gloves, carefully remove dressing (may wet to help gently remove dressing) | 6.) Put on gloves and carefully do the wound care |
| 3.) Throw away dressing, remove gloves and throw away, wash hands | 7.) Dispose of any leftover dirty materials and gloves |
| 4.) Put on gloves and clean wound, clean from inner surface of wound to outer, throw away dirty materials | 8.) Wash hands |

Other special instructions:

**Review handwashing on page. 7*

| Wound (type/location) | Clean wound with | Apply following dressing | How often to change |
|-----------------------|------------------|--------------------------|---------------------|
| | | | |
| | | | |
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| | | | |

*****If you have a wound/skin concern, use your Stoplight Tool on the front cover to monitor yourself*****

Monitor and report the following wound problems:

- New or increased redness around the wound
- White or wet skin around the wound
- New or worsening swelling around the wound edges
- New or more yellow in the wound
- New or more black in the wound
- Bleeding in wound that will not stop
- New or increased wound pain
- A change in the color of the wound drainage
- A wound is getting bigger or harder to manage
- New or worsening strong odor after cleaning (foul or sweet)
- Dressing is wet more often than required to change

| Date (Time is in visit note) | | | | | | | |
|---|--|--|--|--|--|--|--|
| Section 1 | | | | | | | |
| 1. Does the medical history, physical exam, or other findings suggest infection? Or Is there an infection present? | | | | | | | |
| If NO, STOP. Negative Sepsis Screen | | | | | | | |
| If YES, proceed to 2a-e. | | | | | | | |
| Section 2 | | | | | | | |
| 2a. Temp >=101 or <=96.8 | | | | | | | |
| 2b. HR >90 beats per minute | | | | | | | |
| 2c. RR >20 breaths/minute | | | | | | | |
| 2d. Systolic BP < 100mmHg | | | | | | | |
| 2e. New onset MS change, confusion/disorientation greater than baseline | | | | | | | |
| Less than 2 options checked, STOP. Negative Screen. | | | | | | | |
| 2 or more above selected, patient screens positive for possible sepsis. RN continues on to section 3a-d. **All other disciplines call primary RN or office RN** | | | | | | | |
| Section 3 | | | | | | | |
| 3a. CV dysfx: SBP < 90mmHG or 40mmHG below baseline | | | | | | | |
| 3b. Resp dysfx: O2sat < 90 or new/increasing need for O2 therapy to keep sat > 90 | | | | | | | |
| 3c. Neuro dysfx: severe MS change <u>from baseline</u> (confusion, agitation, severe lethargy, difficult to wake) | | | | | | | |
| 3d. Perf. dysfx: mottled skin (patchy red/purple discoloration on trunk/extremities); cap refill >=3sec (while hand above heart level) | | | | | | | |
| 1 or more options check, patient screens positive for SEVERE SEPSIS: Review AD, call 911, notify physician, give report to EMS/ED (SBAR comm note) | | | | | | | |
| No Options checked, still possible sepsis but not severe: SBAR conference with physician for action plan; Case conf. with DON/Clinical Manager; PRN visit within 2 days; attempt for physician office visit or UC of choice | | | | | | | |
| Initials/Credentials | | | | | | | |

| Date (Time is in visit note) | | | | | | | |
|---|--|--|--|--|--|--|--|
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