

Post-Acute Situation Background Assessment Recommendation (SBAR) for Sepsis

Systemic Inflammatory Response Syndrome (SIRS)

Sepsis = two or more SIRS criteria and suspected or documented infection

Communicate immediately with attending provider when a patient screens positive for sepsis

Situati	on:
1.	has met two or more of the following SIRS criteria (circle only those that apply) and has a confirmed or suspected source of infection. • Temperature greater than 38° ^C (100.4° ^F) or less than 36° ^C (96.8° ^F) • Heart rate greater than 90 beats per minute • Respiratory rate greater than 20 breaths per minute • White blood cell count (WBC) is greater than 12,000; less than 4,000 or greater than 10 percent bands
Background:	
1. 2.	Patient was admitted with and now has two or more positive SIRS criteria (see above). Suspected source of infection (circle those that apply):
	 Recent surgery, trauma, or open wound(s)
	 Respiratory symptoms (i.e., productive cough, abnormal chest x-ray, decrease in pulse oximetry reading (Sa02)
	Central line or dialysis catheter
	Urinary tract infection, recent use of a Foley catheter
	Unusual gastrointestinal (GI) symptoms
	Other symptoms of infection
Assess	ment:
1.	Is patient hypotensive (systolic blood pressure 100 mm Hg or less)
2.	Patients mental status is: Normal/Abnormal (compared to baseline)
3.	Most recent weight is:
4.	Pulse oximetry reading (Sa02) is now Previous reading
5.	Urine output ismL per hour or over the last 8 hours
Recommendations:	
1. 2. 3.	Based on positive screening criteria notify attending provider. Obtain orders for lactate level and blood cultures if possible, but administer broad spectrum antibiotic(s) and 30mL/kg crystalloid fluid with rapid infusion even if blood work not done. Consider transfer to an acute care facility based on patient presentation, availability of resources, and response to interventions.
	s: P, Levy MM, Rhodes A, et al. Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock: 2012. Critical Care Medicine. 2013;41(2): 580–637. Deutschman, CS, Seymour CW, et al. The third international consensus definitions for sepsis and septic shock: 2016. Journal of the American Medical Association. 2016;315(8): 801–810.doi:10.1001/jama.2016.0287