Dell Children's Sepsis Huddle Process

dell children's
Ascension

Suspected Sepsis by
Trigger Alert or **Provider Request**

Sepsis Huddle

Attendees: Bedside nurse, Charge nurse, Resident/APP, Attending physician*
Review: Vital Signs, Recent Labs (including BC, check for sensitivities) or Imaging, Current Medications/ PRN medications given
Assess: For signs of organ dysfunction, mental status changes, skin changes, perfusion status, urine output, changes in respiratory status or support
GOAL: Determine suspicion for sepsis and degree

*Attending physician must be notified, they may not attend in all cases

GOALS OF THERAPY
- Normal Mental Status
- Warm Extremities
- Cap refill < 2 seconds
- Normal HR, BP for age
- UOP > 1 ml/kg/hr
- Maintain/Support Airway

"Sepsis Not Suspected" or "Further evaluation needed":

Plan for continued monitoring including PEWS and/or screening labs without empiric antibiotics

Suspect sepsis but no organ dysfunction

Initiate Acute Care Sepsis Order Set to include
- IV access
- Vital signs q15min x 1hr then q 30 X 1 hr
- Push/Pull fluid bolus based on perfusion or VS (within 20 minutes)
- Antibiotics per protocol **within 3 hours** per IPSO
- Lab as indicated
- Stress Dose Steroids, if suspected Adrenal Insufficiency

Suspect SEVERE SEPSIS (infection + organ dysfunction) or SEPTIC SHOCK

Immediate Action (5 Minutes)

Recognize & Treat (0-5 minutes)
1. **Decreased perfusion**
2. **Decreased Mental Status**
3. **Cyanosis**
4. **Respiratory Distress**
5. **CRT called if indicated**
6. **Establish/Secure Airway**

Initiate Acute Care Pedi Sepsis Orderset
- Call CRT
- IV access x2
- Monitor/pulse oximetry
- VS q5 min
- Push/Pull fluid bolus within 20 minutes - up to 3 boluses on Acute Care Unit
- Antibiotic per protocol **within 60 min**
- Labs per protocol
- Stress Dose Steroids, if suspected Adrenal Insufficiency

Fluid responsive after bolus?
(up to 40-60 ml/kg)

Immediate

YES

Must be Hemodynamically stable (no hypotension or respiratory failure and baseline LOC)
- Antibiotics administered within 3 hours, if not already administered, or additional
- Continue workup to identify source
- Remains under primary service with frequent reevaluation

NO

Urgent (15-60 Minutes)
- Continue fluids up to 60ml/kg bolus
- Antibiotics administered within 60 min, if not already administered, or additional
- Continue workup to identify source
- Establish Central Access
- Initiate Vasopressive Support (Consult PICU Attending)

Reassess and/or transfer per patient need

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