

Sepsis Care Guideline

Emergency Department Sepsis Care Guideline – Triage Sepsis Assessment (TSA)



Inclusion Criteria: Patients in the Emergency Department

Exclusion Criteria: Patients who are Inpatient

Patient presents to ED

Call **CODE CRITICAL** if patient is severely ill

ED triage nurse to complete triage form

Does the patient have:
Abnormal temperature
or history of fever in past 24
hours + tachycardia
and/or hypotension?
(See Table 1)

No

Triage per
policy

Yes

Triage Sepsis Assessment (TSA will fire)
Must be filled out

Assess the patient further for
(See Table 2):

- High-risk conditions
- Capillary refill
- Altered Mental Status

Score of 2

Triage per
policy

Score of 3+

Triage Nurse to call monitor tech to
page 'Sepsis Huddle' via Voalte and
overhead to request a physician to
assess the patient. The Triage Nurse
documents the huddle outcome,
huddle time, and provider.

Negative

'Sepsis Pathway not
indicated at this time'
Continue routine
management

Positive

Positive

'Code Sepsis Yellow'
Initiated by provider

'Code Critical Sepsis Red'
Initiated by provider

Triage Nurse to call monitor tech to
page 'Code Sepsis Yellow'

Triage Nurse to call monitor tech to
page 'Code Critical – Sepsis Red'

Code Sepsis Yellow

The patient requires early fluid
management and close monitoring:

- At risk for progression to severe sepsis or septic shock
- Not critically ill at this time

Code Critical – Sepsis Red

The patient requires early fluid
resuscitation, antibiotics, and close
monitoring:

- Appears critically ill
- Hypotension with tachycardia or poor perfusion
- Alterations in mental status/perfusion/respiratory status

Table 1: Vital Signs

Age	< 1 mo	≥ 1 mo - 3 mo	≥ 3 mo - 1 yr	≥ 1 yr - 2 yrs	≥ 2 yrs - 6 yrs	≥ 6 yrs - 10 yrs	≥ 10 yrs
Temperature	< 36° C or > 38° C	< 36° C or > 38° C	< 36° C or > 38.3° C	< 36° C or > 38.3° C	< 36° C or > 38.3° C	< 36° C or > 38.3° C	< 36° C or > 38.3° C
Heart Rate	> 205	> 205	> 190	> 190	> 140	> 140	> 100
Systolic Blood Pressure	< 60 mmHg	< 70 mmHg	< 70 mmHg	< 70 (age x 2) mmHg	< 70 (age x 2) mmHg	< 70 (age x 2) mmHg	< 90 mmHg
Diastolic Blood Pressure	< 35 mmHg	< 37 mmHg	< 37 mmHg	< 42 mmHg	< 46 mmHg	< 57 mmHg	< 61 mmHg

History of fever in the past 24 hours will meet the abnormal temperature criteria

Table 2: Patient Assessment

High-risk Conditions:	Capillary Refill:	Mental Status:
• Malignancy • Asplenia (including Sickle Cell Disease) • Transplant (bone marrow or solid organ) • Central line indwelling • Significant CNS abnormality • Functional tech dependence • Immunodeficiency or immunocompromised • Neonate (< 2 months) • Surgery within the last week	Flush: < 1 second or Delayed: > 3 seconds	• Agitated • Inconsolable • Drowsy • Lethargic • Listless • Non-responsive to stimulation

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Initial Assessment Key Points

- If patient has a port, access immediately (*do not* wait for LMX)
- Neutropenic patients – NO urine catheters or rectal temps
- Adjust fluid boluses for known cardiac/renal dysfunction
- Don't sacrifice IV access/line for labs
- Labs Priority: blood culture, VBG with lactate

'Code Sepsis Yellow' Pathway Initiated by provider at huddle:

Consider:

- Obtain IV access
- Vital signs q1h
- Draw labs: CBC, CMP, CRP, Blood Culture, VBG with co-ox, lytes & lactate, urine studies
- Rapid NS bolus
- Antipyretics
- Consider antibiotics for immunocompromised/high risk patients

Physician reassessment in 1 hour

Is further resuscitation required?

Yes

No

Continue close management and monitoring. Determine disposition.

Determine Disposition (Table 1)

Inpatient Floor

- Substantial and consistent improvement over a period of observation
- Normal mental status

ICU Admission

- Concern for hemodynamic or respiratory instability including persistent tachycardia despite interventions
- Any vasoactive agent use
- Altered mental status

'Code Critical Sepsis Red' Pathway Initiated by provider at huddle:

Meets 'Sepsis Red' Criteria:

- Obtain IV access x 2 if possible (consider IO)
- Administer oxygen as needed
- Vital signs q 5min
- Draw labs: CBC, CMP, CRP, Blood Culture, VBG with co-ox, lytes & lactates, urine studies
- Rapid LR bolus (pull/push or pressure bag)
- Antibiotics: dose completed with 1st hour (Ceftriaxone not compatible with LR – Consider IM, as a last resort, if needed)
- Antipyretics
- Consider hydrocortisone

Physician reassessment

Is further resuscitation required?

No

2nd LR bolus, Alert ICU

Consider: starting vasoactive agents for persistent shock, tachycardia or signs of fluid overload

Physician reassessment

Is further resuscitation required?

No

3rd LR bolus

Consider: repeat labs including blood glucose, VBG, electrolytes, lactate, CXR, and starting vasoactive agent

Physician reassessment

Is further resuscitation required?

No

Start vasoactive agent.

(Titrate as needed)
mIVF, consider bicarb, intubation or NIV

Continue close management and monitoring.
Admit to ICU.
Consider ID consult.
(See Table 1)



0 minutes



10 minutes



20 minutes



20 minutes



40 minutes



40 minutes



60 minutes



60 minutes

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