

Long Term Care Severe Sepsis Screening Tool

Resident name: _____
 Medical Record Number: _____
 Date/Time: _____

Directions: The screening tool is for identifying residents with sepsis. Complete the checklist upon admission, with any new suspected or confirmed infections and with any change in condition.

Section One	
Infection: Are one or more of the following present?	
<ul style="list-style-type: none"> • Currently on antibiotic therapy to treat any infection? • Clinical suspicion of infection • Pneumonia • UTI (painful urination, urgency, feels need to urinate despite empty bladder) • Abdominal pain or distension • Meningitis • Indwelling medical device • Cellulitis/septic arthritis • Chemotherapy < 6 weeks prior or recent organ/bone marrow transplant • Recent surgery 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If No checked in Section One - Negative screen for sepsis. Stop here. No need to proceed to Section Two. Repeat sepsis screen for any new or suspected or confirmed infections or changes in condition.</p> <p>If YES checked in Section One: Assess Vital Signs and PROCEED TO SECTION TWO</p>	
Section Two	
Are there two or more of the following signs of sepsis present?	
Temperature greater than or equal to 100.4°F or less than or equal to 96.8°F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart rate greater than 90 beats/minute	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory rate greater than 20 breaths/minute	<input type="checkbox"/> Yes <input type="checkbox"/> No
Systolic blood pressure (BP) is less than 100	<input type="checkbox"/> Yes <input type="checkbox"/> No
New onset mental status changes (mild confusion or disorientation)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If less than two items are checked **YES** in Section Two - Negative screen for sepsis. **Stop here.** No need to proceed to Section Three. Repeat sepsis screen for any new or suspected or confirmed infections or changes in condition.

If two or more items are checked **YES** in Section Two, resident screens **positive** for POSSIBLE SEPSIS.

SECTION TWO ACTION STEPS

1. Check Pulse Oximetry (SaO₂)
2. Review advance directives and code status
3. PROCEED TO SECTION THREE to assess for signs of severe sepsis

Section Three

Renal dysfunction: dark, concentrated and little to no urine	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Cardiovascular dysfunction: Systolic BP less than 90 mmHg or 40 mmHg drop below baseline systolic	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Respiratory dysfunction: Pulse oximetry (SaO ₂) less than 90% and/or New or increasing need for Oxygen to keep sat >90% or prevent dyspnea	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Neurologic dysfunction: New onset severe mental status change or decreased level of consciousness (severe confusion or agitation/severe lethargy or difficulty waking up)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Perfusion dysfunction: Mottled Skin (patchy red/purple discoloration on trunk or extremities) or Cap Refill greater than or equal to 3 seconds (while hand above heart level)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION THREE ACTION STEPS: If one or more items is checked **YES** in Section Three- resident screens positive for **SEVERE SEPSIS!**

1. Notify physician of "possible severe sepsis" and positive findings
2. Notify the resident's representative of the situation and need for transport if necessary
3. Follow your facility's policy and procedure regarding potential resident transfer