

Date _____

Time Clock Initiated _____

RN _____

Reason for Visit _____

Time of Arrival _____

SEPSIS CLOCK

SIRS CRITERIA (2)

HR > 90	<input type="checkbox"/>
RR > 20	<input type="checkbox"/>
Temp > 100.9 or < 96.8	<input type="checkbox"/>
WBC > 12,000 or < 4,000 or Bands > 10	<input type="checkbox"/>



ORGAN DYSFUNCTION (1)

SBP < 90	<input type="checkbox"/>
Creatinine > 2	<input type="checkbox"/>
Bilirubin > 2	<input type="checkbox"/>
Platelets < 100,000	<input type="checkbox"/>
INR > 1.5 or aPTT > 60 secs	<input type="checkbox"/>
Lactic Acid > 2	<input type="checkbox"/>
New Onset Resp Failure/Bipap	<input type="checkbox"/>
UO < 0.5ml/kg/hr X2	<input type="checkbox"/>



Enter the Times:

Blood Cultures ordered _____ drawn _____ (1st three hours)

1st Lactic Acid ordered _____ drawn _____ (1st three hours) Result _____

Repeat Lactic Acid ASAP if first is greater than 2.0

2ND Lactic Acid ordered _____ drawn _____ (must be drawn prior to 6 hour mark) Result _____

Antibiotic _____ (1st three hours) ordered _____ given _____ **Always give monotherapy first!**

Antibiotic _____ ordered _____ given _____

Pt Weight _____ Fluids (30ml/kg/hr) ordered _____ given _____ (systolic < 90 or Lactate ≥ 4)

ER Physician _____ ER Diagnosis _____

Admitting Physician _____ Admitting DX _____

Time Physician Contacted _____ Time Physician Responded _____

FOR DATA COLLECTION ONLY-NOT PART OF PERMANENT RECORD

Place in Manager's mailbox

PLACE STICKER HERE