2016

SEP-1: Early Management Bundle, Severe Sepsis/Septic Shock

Roberta Basol
CentraCare Health - St Cloud Hospital

Jennifer Burris
CentraCare Health, burrisj@centracare.com

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Recommended Citation
Basol, Roberta and Burris, Jennifer, "SEP-1: Early Management Bundle, Severe Sepsis/Septic Shock" (2016). Nursing Posters. 74.
http://digitalcommons.centracare.com/nursing_posters/74

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SEP-1: Early Management Bundle, Severe Sepsis/Septic Shock

Roberta Basol, MA, RN, NE-BC; Jennifer Burris MA, APRN, CNS

**Do**

- **Time Zero – The “clock” starts for reporting – “severe sepsis diagnosed at (time)”**
- **Thinking Sepsis? Use the entire sepsis order set!**

1. **Time Zero starts when:**
   - The provider documents "sepsis"
   - 1st documentation based on time stamp in Epic - best to document "sepsis diagnosed at (time)" - any documentation with the word "sepsis" will start the clock, including "possible sepsis"
   - OR
   - Confirmed or suspected infection AND two or more SIRS criteria present: Temp >100.9°F, or <96.8°F, HR >90, RR >20, WBC >12,000 or <4,000 or >10% bands

2. **Serum lactate within 3 hours of time zero**
   - Serum lactate re-measured within 6 hours of time zero if lactate >2 mmol/L.

3. **Blood cultures obtained prior to antibiotic administration**
   - Antibiotics within 3 hours of time zero

4. **Crystalloid fluids given for the presence of severe sepsis with hypotension, OR for the presence of severe sepsis with a lactate >4 mmol/L within 3 hours of time zero**
   - Crystalloid fluids administered prior to, at the time of, or after the presentation of septic shock, AND the volume ordered was 30 mL/kg

5. **Repeat volume perfusion assessment completed within 6 hrs**
   - Provider note after fluids started including: VS (temp, BP, HR, RR), heart and lung evaluation, capillary refill, peripheral pulse evaluation, skin exam (including color)
   - OR any 2 of the following:
     1) CVP, 2) ScvO2, 3) cardiovascular ultrasound, 4) passive leg raise or fluid challenge

6. **Vaspressors administered for mean arterial pressure <65 within 6 hours from Time Zero - septic shock**
   - Central venous pressure measured within 6 hours from Time Zero
   - Central venous oxygen saturation measured within 6 hours from Time Zero

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**Plan**

Educate, monitor, and improve the sepsis core measure SEP-1 results required by CMS.

**What is SEP-1?** The Centers for Medicare & Medicaid Services (CMS) has introduced a new measure to assess the quality of sepsis care in hospitals.

**Why SEP-1?** The purpose is to facilitate the “efficient, effective, and timely delivery of high quality sepsis care in support of the Institute of Medicine’s aims for quality improvement.”

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**Definitions**

**Sepsis** – Infection plus the presence of at least two SIRS criteria

**Severe Sepsis** – Organ dysfunction caused by sepsis

**Septic Shock** – Severe sepsis plus low BP or high lactate not reversed with fluid resuscitation

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**Study**

- SEP-1 Core Measure Composite Score

- [Graph showing SEP-1 Core Measure Composite Score from October to June]

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**Act**

- **ACT FAST!** Early detection of SEPSIS requires fast action — like a STEMI or Stroke
- **Use the order sets**
  - ETC Adult Suspected Sepsis Bundle
  - Non-Critical Care Sepsis
  - Critical Care Sepsis Bundle

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“Every hour a patient in septic shock doesn’t receive antibiotics, the risk of death increases 7.6%”

**Activate Acute Response Team!**