



■ Healthcentric **Advisors** Olarant

Worsening condition

## Skilled Nursing Facility Care Pathway - Symptoms of Sepsis and Septic Shock

= Infection + life-threatening organ dysfunction Septic Shock = Sepsis + persistent hypotension despite fluid resuscitation and need for vasopressors to keep MAP > 65mmhg. Anyone with an infection is at high risk for sepsis. Potential causes of infection that can lead to sepsis include the following: Pressure Ulcers C.Difficile Infection • Urinary Tract Infection Pneumonia Prolonged Use of Catheters **Chronic Conditions Early Signs & Symptoms of Infection** Symptoms or Signs of Sepsis Notify MD, Confusion/altered mental state and monitor Infection (confirmed or suspected) for worsening Poor motor skills or weakness Fever or feeling very cold condition, Decrease in drinking fluids · Rapid heart rate Take Vital Signs obtain orders Decrease in appetite Rapid breathing and Draw WBC as necessary. Falling or dizziness Shortness of breath Temperature Agitation Confusion or difficulty to arouse BP, pulse Review resident's Other behavioral changes wishes for life- Complaints of extreme pain Respirations sustaining treatment New pain Vital Sign Criteria (any met?) Infection (confirmed or suspected) YES Two or more of the following **Notify MD/NP/PA**  Altered Mental Status (Glasgow Coma Scale<13)</li> Hypotension (systolic<100mmHg)</li> Tachypnea (RR>22) **Evaluate Results**  Decreased urine output or darkened/concentrated urine • WBC >12,000 or <4,000 or >10% bands Lactate >2mm/L Consider Contacting MD/NP/PA for Orders (for further evaluation and management Platelets < 100,000</li> WBC Platelet count Serum Creatinine >2.0mg/dL **Order**  Blood cultures X2 (prior to antibiotics) Bilirubin aPTT >60secs or INR >1.5 **Tests**  Lactate Urinalysis Bilirubin >2mg/dL Urine culture Coagulation tests (aPTT/INR) Hyperglycemia (not diabetic) Serum Creatinine Blood glucose **Manage in Facility Monitor Response**  Monitor vital signs, fluid intake/urine output Sepsis criteria met

Adapted from: Third International Consensus Definitions for Sepsis and Septic Shock- Singer et al. JAMA 2016;315(8) 801-810. This resource is not all inclusive and may not apply to all patients/residents and/or situations. It is intended for educational purposes only and as guidance to support investigation for performance improvement—not as a substitute for treatment or advice from a physician or healthcare provider. This material was prepared by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 12SOW-IPRO-QIN-TA-A4-21-347

Oral, IV or subcutaneous fluids if needed for hydration

Update advance care plan and directives if appropriate