Early Intervention for Suspected Adult Sepsis

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the medical, clinical, or professional judgment of the responsible health care providers. This algorithm should not be used to treat pregnant women.

Patient with suspected infection

- Patient exhibits two or more of the following qSOFA criteria:
  - Altered mental status
  - Respiratory rate greater than or equal to 22 bpm
  - Systolic blood pressure less than or equal to 100 mmHg

  → Call the Code Team

  - Is patient unresponsive?
    - Yes
      - Call MD/Advance Practice Provider (APP)
      - Initiate Adult Sepsis Early Intervention order set
      - Provide findings from nursing assessment using SBAR format to primary team and or MERIT
    - No
      - Is the patient hemodynamically stable? (Hemodynamically stable is defined as systolic blood pressure greater than or equal to 100 mmHg, not requiring vasopressor support or not having a cardiac arrhythmia.)
        - Yes
          - Activate MERIT and notify MD/APP STAT
          - Initiate Adult Sepsis Early Intervention order set
          - Provide findings from nursing assessment using SBAR format to primary team and/or MERIT
        - No
          - Consider transfer to appropriate level of care and activate the Adult Sepsis Management Algorithm and Admission order set
SUGGESTED READINGS


This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the medical, clinical, or professional judgment of the responsible health care providers. This algorithm should not be used to treat pregnant women.

DEVELOPMENT CREDITS

Ninotchka Brydges, DNP, APRN, ACNP-BC, MBA
Diego de Villalobos, MD
Imrana Malik, MD
Joseph Nates, MD†
Christina Perez*
Karen Plexman, MSN, RN, NE
Seth White, MB, ChB
Sonal Yang, PharmD, BCPS*

† Development Lead
* Clinical Effectiveness Development Team