Early detection and rapid resuscitation are crucial to providing timely care to patients who are suspected to have Systemic Inflammatory Response Syndrome (SIRS) or Sepsis. There is new functionality being released on June 15, 2020 to more effectively capture these patients.
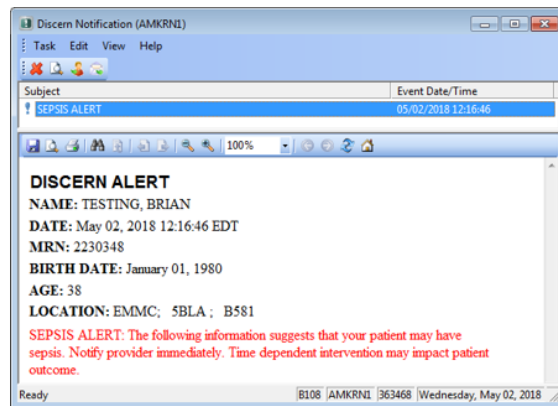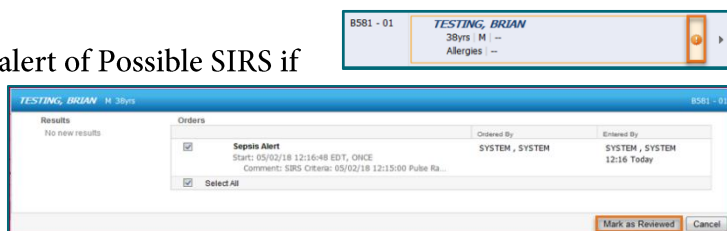
Possible SIRS

Upon entering documentation, the nurse will receive an alert of Possible SIRS if three of the criteria are documented (see parameters listed below).

- From Care Compass

- Pop Up Alert

➢ **What does the IP RN do when the alert is received?**

- Notify the provider to receive direction on patient care.

  ▪ Document the notification in iView under **Adult Quick View→Provider Notification.**

Possible Sepsis or Septic Shock

When at least one detail from the Organ Dysfunction criteria is documented, in addition to at least two SIRS criteria, the IP RN will receive a Possible Sepsis alert.

➢ **Where does the IP RN see the Sepsis alert?**

- Care Compass will display the sunburst icon indicating new information needs to be reviewed.

- The Discern Notification will also pop-up with appropriate messages:
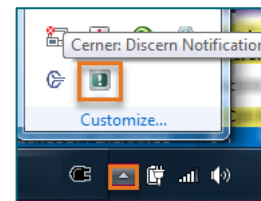
  SEPSIS ALERT:

  The following information suggests that your patient may have sepsis. Notify provider immediately. Time dependent intervention may impact patient outcome.

  SEPTIC SHOCK ALERT:

  This patient has met criteria for SEPTIC SHOCK. Please notify the physician immediately.
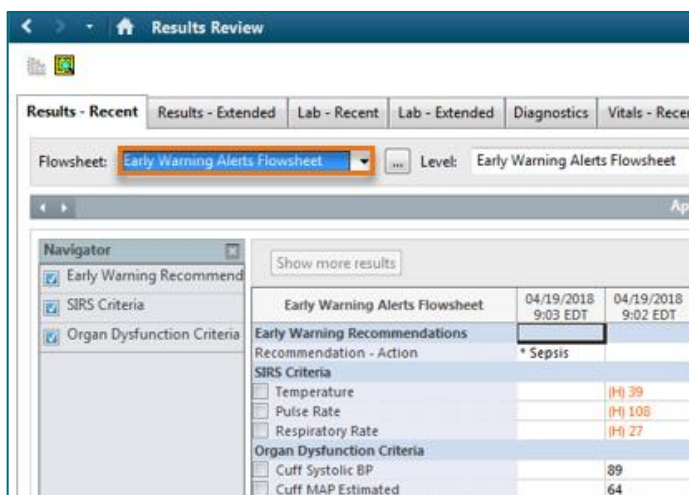
➢ **How can the alert be cleared once the RN acknowledges it?**

- If the alert window is closed without clearing the message, click the carat in the task bar and then the square icon with the exclamation point to reopen Discern Notifications.

Where can an RN look for Early Warning Alert details?

➢ There is an Early Warning Alert flowsheet available on Results Review. This includes what time the alert fired, the parameters associated with the alert, and when the provider was notified.

Triggering Criteria

SIRS

- Patient will alert for SIRS when at least **3** of the following are true for the latest result over the past 30 hrs:
  ❑**Heart Rate** ≥ 91
  ❑**Temp** <36 C or >38.4 C
  ❑**Respiratory Rate** ≥ 21
  ❑**WBC** ≤ 4 or ≥ 12 OR **Bands** ≥ 10.1%
  ❑**Glucose** between 140 and 200

Severe Sepsis

- Patient will alert for Severe Sepsis when there are **2** true SIRS criteria and at least **1** of the following signs of organ dysfunction:
  ❑**Creatinine** increase of ≥ .5 mg/dL over 72 hours and ≥ 2.0 mg/dL
  ❑**Lactate** ≥ 2.1 mmol/L
  ❑**SBP** < 90 mmHg OR **MAP** < 65 mmHg OR **SBP decrease** ≥ 40 mmHg from baseline
  ❑**Bilirubin** 2.0 mg/dL ≤ x < 10.0 mg/dL
  ❑**Platelet count** <100,000
  ❑**INR** > 1.5

Septic Shock

- Patient will alert for Septic Shock when **2** SIRS criteria are true and at least **1** of the following….
  ❑**Lactic Acid** ≥ 4.0 mmol/L within a 12 hr time period
  ❑Consecutive **SBP** of < 90 mm/Hg within 55 – 120 minutes of each other
  ❑**MAP** < 65 mm/Hg within 55 – 120 minutes of each other

Suppression Criteria

➢ SIRS will not fire on the same patient for 24 hours.

➢ If the patient progresses to Sepsis, an alert will fire when the parameters are met.

  ▪ A new SIRS/Sepsis alert will not fire on the same patient for 48 hours.

➢ If the patient progresses to Shock, an alert will fire when the parameters are met.

  ▪ A new SIRS/Sepsis/Shock alert will not fire for 48 hours.

➢ If the patient demonstrates improvement from Shock to Sepsis, no new alert will be triggered if the Sepsis Module has been activated or a Not Indicated reason has been documented.

➢ **If a provider has ordered a specific PowerPlan, the Sepsis Advisor will be suppressed for an identified time frame.**

- 48 Hours for Cardiac Surgery PowerPlans
- 8 Hours for Labor and Delivery PowerPlans
- 4 Hours for Stroke, STEMI, Trauma and many Post-Op PowerPlans
- Permanently suppressed for Pediatric Patients and Palliative Care, NEDS and Hypothermia PowerPlans