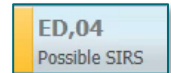**Early detection and rapid resuscitation are crucial for providing timely care to patients who are suspected to have Systemic Inflammatory Response Syndrome (SIRS), Sepsis or Septic Shock. There is new functionality being released to providers on June 15, 2020 to more effectively capture these patients.**
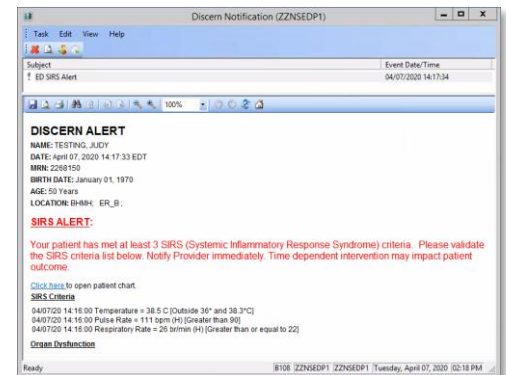
Possible SIRS

Upon entering vital sign documentation, the nurse will receive an alert of *Possible SIRS* if three of the criteria are documented.
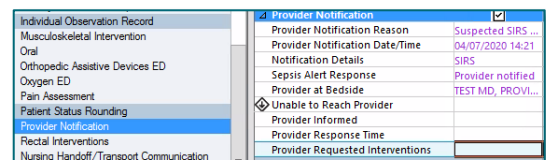

➢ **Where will the alert be seen for an ED RN?**

- LaunchPoint will display **Possible SIRS** in the Room window.

- **Discern Notification** pop-ups will display the criteria that prompted the alert.
  - The nurse will highlight the alert and click the red X in the left corner to clear the alert.
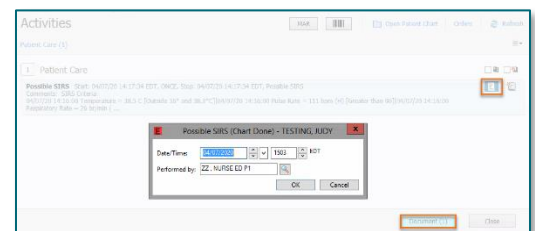
➢ **What does the ED RN do when the alert is received?**

- Notify the provider to receive direction on patient care.
  - Document the notification on **ED Interventions View→Provider Notification**.

<u>NOTE</u>: **The provider will also be able to see the wording on LaunchPoint or may be at the bedside. However, Provider Notification is a requirement to meet the bundle requirements. Providers *will not* receive a SIRS alert.**
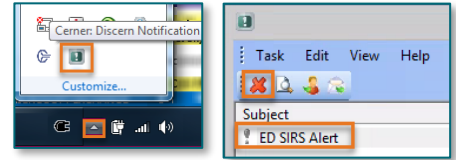
➢ **LaunchPoint Activities**

- The nurse can document that the notification has occurred by entering a date/time stamp.

- A task to **Validate Dosing Weight** will also be seen if the provider enters a weight.

➢ **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.

- Highlight the appropriate alert and click the red X in the top left of the window to clear the alert.

NOTE: This functionality may not be accessible on all computers.

➢ **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.
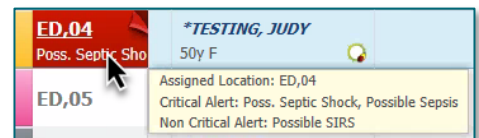   - As lab results are received, the details will also be visible on this flowsheet.

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 ED RN will receive a Possible Sepsis alert.

➢ **Where does the ED RN see the Sepsis/Shock alert?**

- The room cell will update to a Red cell with the Poss. Sepsis or Septic Shock distinction.
    - Staff can hover over the cell when the page is turned down to view additional alerts.
        - Staff can Complete Events to remove alerts as needed. If a new alert is triggered, the event will be visible again.

- 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.

Triggering Criteria

SIRS	Severe Sepsis	Septic Shock

• 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
	• 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
		• 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