



A. S.I.R.S. (Systemic Inflammatory Response Syndrome) criteria

- Temperature less than 36° C or greater than 38° C
- Tachycardia greater than 90 beats per minute
- Tachypnea greater than 20 respirations per minute
- WBC count greater than 12.0 or less than 4.0 x 10⁹/L

B. Known or Suspected Infection

<input type="checkbox"/> Pneumonia, emphysema <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Acute abdominal infection <input type="checkbox"/> Meningitis <input type="checkbox"/> Skin/soft tissue infection <input type="checkbox"/> Bone/joint infection <input type="checkbox"/> Wound infection <input type="checkbox"/> Infection from indwelling catheter <input type="checkbox"/> Diagnosis of endocarditis or pericarditis <input type="checkbox"/> Implantable device infection <input type="checkbox"/> No known source other than clinical suspicion <input type="checkbox"/> Other <input type="checkbox"/> Severe pain associated with known or suspected source of infection	<div style="border: 1px solid black; padding: 5px;"> <p>High Risk Patients:</p> <ul style="list-style-type: none"> Post operative Diabetic Splenectomy Chemotherapy Elderly Immunocompromised Chronic Illness i.e. COPD, substance abuse, Renal Failure Postpartum </div>
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C. If patient has greater than or equal to 2 S.I.R.S. criteria from Section A, AND a Known or Suspected Infection from Section B, then:

Emergency Department Patient	Inpatient
Assign patient CTAS 2	Immediately notify charge nurse of patient's condition
Place Sepsis package with patient's chart	Complete Sepsis Screening Tool and a full set of vital signs including GCS
Initiate ED Sepsis Medical Directive	Place Sepsis pre-printed orders on patient's chart
Move patient to treatment space ASAP	Call MRP _____
<p><u>If NO treatment space available:</u></p> <ul style="list-style-type: none"> - Immediately notify charge nurse of patient for assistance with bed management - Reassess as per CTAS 2 guidelines 	<p>* Consider calling the Critical Care Response Team (CCRT) anytime your patient shows signs of deterioration or an acute change in condition</p>

DATE: _____ TIME: _____ RN / RPN Signature: _____