

SEPSIS ADMISSION GUIDELINES

Clinical Practice: Sepsis Patient Admission Locations and Provider Groups

Clinical Team: Sepsis Steering Committee

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Approved by: Clinical Excellence Council

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Practice Statement and Rational:

Sepsis and septic shock patients are characterized by high hospital mortality rates and mandate a multidisciplinary approach to care that includes close monitoring and intensive treatment. Patients should be admitted to the appropriate level of care to ensure optimal evidence-based outcomes. Patients in the ED diagnosed with septic shock should be evaluated by the intensivist first.

Clinical Approach:

Location	Attributes	Admitting Provider Group
ICU	Patients with Septic Shock: <ul style="list-style-type: none"> • Patients with initial lactate ≥ 4 • Hypotensive patients (MAP<65) with vasopressors initiated following volume resuscitation Patient with underlying respiratory failure not improved with treatment	Intensivist admits or consults
PCU	<ul style="list-style-type: none"> • Patients with resolved hypotension following volume resuscitation • Patients with high oxygen requirements • Patients with multiple co-morbidities (COPD, Renal Failure, CHF) 	Medicine or Family Medicine
Floor	<ul style="list-style-type: none"> • All other sepsis patients 	Medicine, Surgery or Family Medicine

Antibiotic reconsideration should be addressed at 48 hours after admission and therapy adjusted as appropriate.

Workflow Enablers:

- ED order set: 183
- Admission order sets: 1563, 593
- Code Sepsis process
- Sepsis documentation smart phrases: Sepsis (.sepsisplan), Septic Shock (.septicshock), Clinical Indicators (.sepsisclin)

References:

1. Rhodes A, Evans LE, Alhazzani W, et al: Surviving Sepsis Campaign: International guidelines for management of sepsis and septic shock: 2016. *Crit Care Med* 2017; 45:486–552

This recommendation is not a substitute for clinical judgement.