






All suspected sepsis patients need a team bedside huddle and two focused evaluations:

1. Initial evaluation — Decide likelihood of sepsis, screen for severe sepsis (lactate > 2) or septic shock (lactate > 4), and initiate life-saving interventions (early antibiotics + 30 mL/kg fluid resuscitation) using **Adult Sepsis Order Set**. Record initial evaluation using the **Initial Sepsis Note** template.
2. Reassessment — Measure impact of resuscitation: repeat lactate, post-fluid BP, and focused re-exam (cardiovascular, including skin and capillary refill). Record using the **Sepsis Reassessment Note** template. **Any outstanding sepsis tasks pending at time of admission should be noted in the .edadmit note for handoff to the admitting team.**

Epic Trackboard Symbols & Sepsis Pathway Critical Actions

Time	Symbol	Significance/To Do
0:00 – 1:00	Evaluate 	RN + PA/MD huddle @ arrival <u>Yes, sepsis</u> <ul style="list-style-type: none"> • RN – Draw lactate, start IVF & antibiotics based on verbal orders • PA/MD – Complete Adult Sepsis Order Set; write Initial Sepsis Note <u>No, likely not sepsis</u> <ul style="list-style-type: none"> • Still probably sick patient • PA/MD – Choose “SIRS/Other” in sepsis note & enter alternate diagnosis (ex. asthma) to dismiss alert.
	Document 	<ul style="list-style-type: none"> • Adult Sepsis Order Set entered • Document sepsis note
	Reassess 	<ul style="list-style-type: none"> • Adult Sepsis Order Set + Initial Sepsis Note done • Continually Reassess patient for response to resuscitation
3:00 – 4:00		RN + PA/MD re-huddle @ 3 hours <u>Reassessment Due</u> <ul style="list-style-type: none"> • RN – Repeat lactate • RN/Tech – Repeat BP • PA/MD – Write Sepsis Reassessment Note
		<ul style="list-style-type: none"> • Sepsis Reassessment done

MSH Emergency Department

Sepsis Pathway

