SEPSIS RISK ASSESSMENT EVALUATION TOOL – HEALTH QUALITY INNOVATORS

HEALTH QUALITY INNOVATORS

Use this tool to evaluate your admission nursing assessment to ensure you are capturing all the critical elements that indicate a potential risk for infection/sepsis. The best way to prevent sepsis is to prevent infection and intervene early if infection does exist. You can also use this as a stand-alone screening tool; if an element is present, check the category and circle sub-headings as they apply. It can be used to identify new admissions for high-risk rounding (see instructions on last page).	**Element contained in Admission Assessment?**	**Element reflected in Care Plan?**	**Is follow up required for this element?**	**Your notes**
Sepsis during hospital stay preceding this admission				
History of sepsis				
Renal concerns • Chronic renal failure • History of stones • Recent UTI • Foley catheter during preceding hospital stay • History of BPH or urinary retention • Dialysis				
Respiratory • Current or recent upper respiratory Infection • History of pneumonia during preceding hospital stay • Current or recent episode of flu • Trach or intubated • Chronic- COPD, asthma				
Gastrointestinal • CDI infection- current or during recent hospital stay • Recent GI surgery or procedure • Chronic Inflammatory bowel disease • Any history of diarrhea/vomiting or gastroenteritis within the past 48 hours				

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Skin/soft tissue • All wounds to include: • Pressure wounds/DTI • Vascular wounds • Surgical wounds (recent procedure) • Diabetic wounds • Burns (risk greater for non-healing wounds)				
Medication Use- taken within the last 30 days (or currently taking) • Sedatives • Opioids • Corticosteroids • Antibiotics • Chemotherapy agents • Other Immunosuppressant's/immune modulators				
History of infection during preceding hospital stay not specified above, specify_____				
Diabetes, particularly if poorly controlled (i.e., FS consistently over 250)				
Presence of indwelling medical device (urinary catheter, IV, feeding tube, etc.)				
Any signs of infection not addressed above: fever (above 100 F - 37.7 C), elevated respiratory rate, low blood pressure, worsening hypoxemia, mental status changes suggesting delirium (positive CAM tool)				

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History of immunodeficiency autoimmune diseases such as LUPUS or rheumatoid arthritis, post splenectomy, HIV with low CD4 count Specify_____				
Resident Placed on **High Risk Rounding Tool?**	**Enter Date**			

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Instructions for use as a stand-alone screening tool:

Use this tool to help identify residents who may be at risk for sepsis. It includes the sources of infection that frequently lead to sepsis: lungs (respiratory), gut (gastrointestinal), urinary tract and skin/tissue. Weakened immune systems, chronic illnesses, indwelling devices, invasive procedures and certain medications also increase risk. Suggested columns include: element present on admission; new occurrence, existing resident; follow up required- Specify; Notes

There is no "magic" number of indicators that defines the level; each can lead to sepsis. How does the resident look? These elements will guide you in determining *how* you will monitor a new admission or resident. One way is to use *The High Risk Rounding Tool* (courtesy of Genesis) to further monitor and observe the resident. Rounding may be daily or Q-Shift depending on your observation of the resident and the number of risk factors. Identified risk factors can also be used to modify the resident's care plan and provide information to share with the practitioner.

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High-Risk Rounding Tool Date_____

RESIDENT'S NAME	ROOM NUMBER	REASON	FOLLOW UP