

Protocol Search

- Adult Inpatient Protocols
- Antibiotic Guidelines
- Blood and Blood Products
- Emergency Department
- Fluids - ONE bag
 - *SEPSIS Earlier Treatment Trial
 - Sepsis Earlier Treatment Trial - Ward 8 Patients Only**
 - Dextrose 10%
 - Dextrose 10% + Potassium
 - Dextrose 5%
 - Dextrose 5% + Potassium
 - Dextrose Saline
 - Dextrose Saline + Potassium
 - Gelofusine
 - GI losses fluid replacement
 - Plasmalyte
 - Plasmalyte + Potassium
 - Sodium Bicarbonate
 - Sodium Chloride 0.45% (Half normal saline)
 - Sodium Chloride 0.9% IV
 - Sodium Chloride 0.9% Subcut
 - Sodium Chloride 0.9% + Magnesium
 - Sodium Chloride 0.9% + Phosphate
 - Sodium Chloride 0.9% + Potassium
 - Sodium Chloride Hypertonic
 - TKVO - To Keep Vein Open
- Fluids - TWO or more bags
- Palliative Care
- Standing Orders (Nursing)

Sepsis Earlier Treatment Trial - Ward 8 Patients Only

Comment: **Trial dates: Monday 24th July 2017 - Monday 31th July 2017**

Aim: To reduce the time from positive high risk sepsis screen to administration of fluids and / or oxygen

Plan: For any patients that are at high risk of having sepsis, nurses will page the on call house surgeon with recommendation of administering fluids and / or oxygen. The house surgeon will prescribe via ePrescribing while the nurse completes screening and administers the treatment.

Medications

Sodium chloride 0.9% Day: 0

DOSE: Infuse 250 mL over 15 minutes
(RATE: 1000 mL per hour)

Intravenous STAT

SEPSIS Earlier Treatment Trial - Ward 8 Patients Only

AND Optionally

Oxygen via standard nasal prongs Continuous Inhalation Day: 0

DOSE: 0.25 to 4 L/min Inhalation PRN
minimum dosage interval 1 minute
Target SpO2 = 88-92%

OR

Oxygen via standard nasal prongs Continuous Inhalation Day: 0

DOSE: 1 to 4 L/min Inhalation PRN
minimum dosage interval 1 minute
Target SpO2 = 92-96%

OR

NIL

ePrescribing sepsis protocol

Delays in sepsis treatment are associated with higher levels of morbidity and mortality

In cases of suspected sepsis every hour delay in administration of antibiotics results in 7.6% decrease in survival up to 6 hours

Why consider earlier treatment?

The earlier treatment protocol was initiated to reduce the time between identification and treatment of sepsis to an hour or less



How it works

The ePrescribing sepsis protocol reduces prescribing time by approximately 3 minutes. The doctor is able to prescribe patients at high risk of sepsis with 250 ml IV fluids and/or 2L oxygen as appropriate using the sepsis protocol



Next steps

The ePrescribing sepsis protocol is now available in ePrescribing

