

Provincial Drugs & Therapeutics Committee Memorandum

To:	Users of the Clinical Information Systems (CIS)
From:	Provincial Drugs & Therapeutics Committee, Antimicrobial Stewardship Committee
Date:	September 4, 2014
Re:	1) SEPSIS MANAGEMENT PowerPlan – new sepsis subphases 2) SEPSIS MANAGEMENT PowerPlan – default STAT order priority on anti-infectives 3) Code Sepsis initiative

Timely administration of anti-infectives is crucial in septic patients. Evidence shows that in the presence of septic shock, each hour delay in administering effective antibiotics is associated with a 7% increase in mortality. Changes are being made to the SEPSIS MANAGEMENT PowerPlan in CIS to incorporate the recommendations listed in the *Health PEI: Provincial Antibiotic Advisory Team Empiric Antibiotic Treatment Guidelines for Sepsis Syndromes in Adults* which was approved by PD&T in April 2014. These guidelines can be found at <http://www.healthpei.ca/micro>.

The following changes will be active in CIS on Tuesday, September 9, 2014:

1) The subphase “Suggested Initial Empiric Antibiotic Treatment of Sepsis Syndromes in Adults” included in the SEPSIS MANAGEMENT PowerPlan will be inactivated and replaced with eleven individual sepsis subphases based on suspected source of infection. Clinicians should select the SEPSIS MANAGEMENT PowerPlan to ensure they get the complete PowerPlan and not just one of the sepsis subphases which provide anti-infective options only.

Old sepsis subphase:



New sepsis subphases:

- Subphase - Sepsis Cellulitis, Erysipelas, and Necrotizing Fasciitis - Empiric Antibiotics in Adults
- Subphase - Sepsis Clostridium difficile - Empiric Antibiotics in Adults
- Subphase - Sepsis Community-Acquired Pneumonia - Empiric Antibiotics in Adults
- Subphase - Sepsis Diabetic Foot Infection - Empiric Antibiotics in Adults
- Subphase - Sepsis Febrile Neutropenia - no specific source - Empiric Antibiotics in Adults
- Subphase - Sepsis Healthcare-Associated Pneumonia - Empiric Antibiotics in Adults
- Subphase - Sepsis Intra-Abdominal - Empiric Antibiotics in Adults
- Subphase - Sepsis Meningitis and Encephalitis - Empiric Antibiotics in Adults
- Subphase - Sepsis Unknown Suspected source (not meningitis) - Empiric Antibiotics in Adults
- Subphase - Sepsis UTI in absence of Foley Catheter or Urinary Stent - Empiric Antibiotics in Adults
- Subphase - Sepsis UTI in presence of Foley Catheter or Urinary Stent - Empiric Antibiotics in Adults

****Clinicians will be required to re-save any Sepsis Management plans previously saved as “Favorites”.****

After a proposal by the Antimicrobial Stewardship Committee, the following two initiatives were passed by the PD&T Committee in July 2014.

2) Anti-infective orders within the sepsis subphases will have a default “STAT” order priority to assist in ensuring that the initial dose of anti-infectives are given as soon as possible. Nursing will get STAT tasks for the anti-infectives on the eMAR and after the initial STAT dose the order will follow standard administration times. Nursing will follow the Provincial Medication Schedule Changes Policy to get the schedule back on track. The term “STAT” will remain in the order details of the anti-infective order. This only reflects the “STAT” priority of the initial dose of the anti-infective.

3) New “Code Sepsis” Miscellaneous Medication:

 Miscellaneous Medication (Code Sepsis)	Code Sepsis: Initiation of IV bolus, culture(s) and antibiotics must be performed in sequence and STAT in first hour of diagnosis, 1 each, IV, Once, STAT
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The “Code Sepsis” Miscellaneous Medication order will be built as a default order in the Sepsis Management PowerPlan. Physicians will also be able to order “Code Sepsis” independently outside the PowerPlan when a diagnosis of sepsis is made.

“Code Sepsis” is a medication order with a frequency of “Once” and a priority of STAT. The nurse will sign-off on this task on the eMAR when s/he has initiated the fluid bolus, drawn cultures, and initiated the first anti-infective and once signed off, the task will go to a completed status. The “Code Sepsis” order does not replace the individual orders for IV fluid bolus, culture(s) and antibiotics. **“Code Sepsis” will be built as a failsafe mechanism to alert nursing, pharmacy and others of the tasks that should occur in a recognized sequence and a timely fashion to reinforce the multidisciplinary rapid response required to fully utilize the “golden hour” of sepsis management.**

**** In addition to the new CIS functionality around sepsis management, the ordering physician still has a responsibility to alert nursing verbally regarding any STAT orders.****

For questions about the sepsis initiatives, please contact the Antimicrobial Stewardship Committee co-chairs Greg German (Infectious Disease Consultant and Health PEI Medical Microbiologist; 894-2515; GJGerman@ihis.org) or Jennifer Boswell (Provincial Antimicrobial Stewardship Pharmacist; 894-2587; JLBoswell@ihis.org).