Code Sepsis

Emergency Department Sepsis Initiative

Hospital Engagement Improvement Program

Baptist Health Floyd

Why?

To create a more structured, timely response to sepsis, ultimately improving patient outcomes and reducing sepsis mortality.

Timeline

Week 1:
- Map current process
- Discuss proposed new process & barriers
- Define activation criteria
- Create roles & responsibilities

Week 2:
- Review & confirm proposed code sepsis process
- Review roles & responsibilities
- Decide on tentative Go-Live date
- Frontline nursing input
- Identify key stakeholders

Week 3:
- Start creating staff education: ED Nursing, Techs & Providers, Radiology, RT, and Pharmacy
- Define Measurables/Goals

Week 4:
- Review Staff Education
- ED staff meeting
- ED Division

Week 5:
- Finalize staff education
- Discuss at huddles
- Disseminate education

Week 6:
- Simulations
- Adjust process if needed
- Staff Rounding
- Discuss at Huddles

Week 7:
- Off hours education and rounding

Week 8:
- Go-Live Tuesday November 18th

Week 9:
- Assess week one data and share with key stakeholders
- Evaluate the process

| Sept 29- Oct 5 | Oct 6- Oct 12 | Oct 13– Oct 19 | Oct 20– Oct 26 | Oct 27 – Nov 2 | Nov 3 – Nov 9 | Nov 10- Nov 16 | Nov 17- Nov 23 | Nov 24- Nov 30 |

Code Sepsis Activation Criteria

Positive Severe Sepsis Screening

(2 SIRS, Known or Suspected Infection,& Hypotension SBP <90 or MAP <65)

OR

Positive Simple Sepsis Screening and Current Cancer Diagnosis

OR

ED Provider identifies a need for a Code Sepsis

Sepsis: Oncologic Emergency

Patients with cancer are 10 times more likely to develop sepsis than the general population and is the most common cause of death not directly related to malignancy. Cancer survivors have more than double the risk of developing sepsis compared to patients without a history of cancer.*

Code Sepsis Responders

PRIMARY NURSE

SECOND RESPONDING
NURSE (AS ASSIGNED)
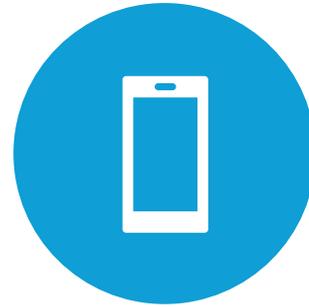
TECH (AS ASSIGNED)

PROVIDER

Escalation Process for Patients who are a Difficult Stick

Primary nurse and responding support nurse are unable to obtain labs and/or PIV access

Notify charge nurse for assistance

Notify provider immediately if charge nurse is unable to obtain labs and/or PIV access

Code Sepsis Reassessment Huddle

- The Code Sepsis response team should establish a time for a reassessment huddle to occur within the next three hours during the initial response.
  - Considerations when determining a time:
    - Anticipated time for completion of fluids and antibiotics?
    - If the initial lactate was >2, when is the reflex lactate due?
    - Patient condition
- The primary nurse should create an Epic specimen collection task for the selected time
- Code Sepsis responders meet back in the room at selected time to:
  - Ensure repeat lactate completed if initial >2.0
  - Assess BP. Ensure at least two blood pressures are recorded within the hour after completion of fluid bolus
  - Initiate vasopressors if patient remains hypotensive post sepsis bolus with MAP <65 or SBP <90
  - Determine if patient placement is still appropriate based on clinical assessment
  - Provider completes focused exam note if appropriate

Conclusion of Code Sepsis

The Code Sepsis concludes once a lactate level, blood cultures, intravenous antibiotics, and fluids (when indicated) are complete.

AND

Reassessment huddle is complete

OR

The ED provider cancels the Code Sepsis

Goals

Metric	Target Goal	Stretch Goal (High-Performing ED)
Arrival to Sepsis Screening Completed	≤ 15 minutes	
Lactate Collected	≤ 15 minutes from alert	≤ 10 minutes
Blood Cultures Collected	≤ 30 minutes	≤ 20 minutes
Urinalysis Collected	≤ 30 minutes from order	
IV Fluids (if indicated) Initiated	≤ 30 minutes	≤ 20 minutes
IV Antibiotics Initiated	≤ 60 minutes	≤ 45 minutes
All interventions completed	≤ 60 minutes	≤ 45 minutes

Hospital-Wide Code Sepsis Staff Education

Barriers & Lessons Learned

Inconsistent pharmacy notification during off hours

No standardized nursing documentation in Epic for Code Sepsis

Significant manual abstraction burden for ED leadership and the Sepsis Coordinator

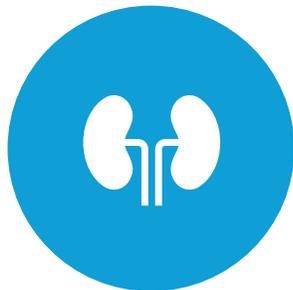Increasing patient volumes and ED boarding hours continue to strain workflow

Code Sepsis Impact

Helps identify workflow gaps and variation in sepsis processes to drive targeted improvement

Promotes more consistent, standardized sepsis care in the Emergency Department

Supports ongoing reduction in sepsis-related mortality and aligns with 2026 quality priorities

Improves CMS SEP-1 bundle compliance and overall performance

Thank you!

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