

**Figure 1: The Sepsis Screening Tool**

<b>Sepsis Screen</b>	
<b>Is the patient's history or complaint suggestive of a possible infection?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory, UTI, skin/soft tissue, meningitis, wound, bone/joint, implantable device, etc.	
<b>Is the patient currently on or have they been on antibiotics in the last 7 days?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there at least 2 of the following signs and symptoms present?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hyperthermia    > 100.4 <input type="checkbox"/>	
Hypothermia    < 96.8 <input type="checkbox"/>	
Tachycardia    > 90 <input type="checkbox"/>	
Tachypnea    > 20 <input type="checkbox"/>	
Altered mental status <input type="checkbox"/>	
<b>Consider Sepsis?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is "Yes" to at least 2 out of the 3, consider sepsis and inform the Provider and/or Charge Nurse	
The "Yes" answer also alerts the Provider with a banner.	