



Frequently Asked Questions

Q: Is The HCA Adult Sepsis Screening Tool considered a diagnostic tool?

A: No. The Sepsis screen tool is designed to assist in streamlining a home care clinician's assessment to identify and recognize the early, critical signs and symptoms of sepsis in a post-acute care setting. **It is not intended to replace a clinician's judgment based on their patient- specific observations, assessment, or determination of intervention.**

Q: Can you clarify LPN permissibility to complete the tool?

A: An LPN's scope of practice does not allow assessment, but an LPN may collect data and have it interpreted by a RN. An LPN in the home may complete the tool (gather the data). In the event that any of the information that has been obtained falls outside of the parameters then the LPN would contact their overseeing RN. The RN would assess the data obtained, determine interventions, notify the MD, take any orders the MD provided and educate the patient.

Q: The screening tool advocates the use of a pulse ox reading. Since pulse ox is not considered a standard vital sign in home care and can only be done by MD order with patient specific parameters, are you suggesting agencies obtain pulse ox orders with parameters for all patients? Has there been movement to allow this as a standard vital sign? Or will NYS be allowing the use of pulse PRN pulse ox orders? (This has been an issue in state surveys in the past.)

A: A pulse oximetry is a non-invasive measurement that would be no different than a temperature measurement. We are in the process of confirming with DOH that: you just need parameters for MD notification just like a temperature; and may use PRN orders for SPO2 readings but you must have parameters when to use and when to report findings to the MD.

Q: Question concerning the temperature parameter - in various articles, tools etc., a temperature measurement could be 100.4, 100.5, 100.9 and sometimes even a specified number of degrees over patient's usual temp – Could someone comment?

A: The value on the HCA Adult Sepsis Screen tool of >38.3°C (100.9°F) is consistent with the Surviving Sepsis Campaign and Systemic Inflammatory Response Syndrome (SIRS) criteria.

Q: Should we be doing a Sepsis Screening Tool on Antepartum and Post-Partum patients?

A: Yes. Early recognition of sepsis is what saves lives. Completing the screen tool for these patients could potentially provide early recognition and treatment of an infection.

Q: What if our agency only utilizes Home Health Aides?

A: The HHA can be trained to use the Zone Tool and document by “Yes” or “No” that they have reviewed with the patient and a nurse was notified if the patient stated any symptoms in the red zone

Q: Who is authorized to complete the Screening Tool?

A: All licensed clinicians. Refer to PowerPoint on LPN usage in NYS

Q: Can we use the Screening Tool without a signed User’s Agreement

A: No

Q: Is the Screening Tool appropriate for pediatric use?

A: No. Pediatric vital sign parameters differ from those of adults

Q: If antibiotics are started in the home, should we also draw bloods?

A: Only if the physician orders bloods to be drawn.

Q: Some agencies are not set up to draw bloods. How would they get around this?

A: Agencies that do not do home blood draws can make the MD aware of the patient's condition. The MD may or may not order a CBC or they may write an order for a laboratory staff to do the home draw

Q: Can the Zone Tool be used before the Screening Tool is put into use?

A: Yes

Q: Do you need to be an HCA member to use the Sepsis Screening Tool?

A: No. There is a modest fee for non-HCA members

Q: Is the Zone Tool alone enough training for Home Health Aids?

A: No. Training for Home Health Aids should include the Non-Clinical sepsis Training PowerPoint presentation.

