Consultation, disposition, and transfer of care can occur at any point in the above care map.

Hand off communication is critical and must include discussion of incomplete and complete elements

Lactate > 2.0

Secondary Dx: Suspected Source

Inpatient Sepsis/Severe Sepsis Management

Sepsis

Patient with known or suspected significant infection

PLUS

SIRS Criteria: Two of the following:

- Temp > 101F or < 96.8 F
- Pulse > 90 bpm
- Resp Rate > 20/min
- WBC >12K, <4K or Bands >10%

Clinician evaluates patient and suspects early sepsis; orders labs (must include lactate/ BCs X 2).

- 1. Document <u>Accurate</u> Blood Culture and Lactate draw times
- 2. Repeat Vital Signs in 30 minutes
- 3. Source Control as appropriate

Sepsis Resuscitation Elements

(Unless clinically contraindicated)

- Lactate ordered and resulted < 90 min
- BCs X 2 ordered and drawn before Abx if not already drawn within past 48 hrs
- Initiate or confirm Abx < 3 hrs
- IV fluids -consider NS 1 2 L over 2 hrs
- Repeat lactate if initial lactate is elevated

SEVERE SEPSIS

- 1. Two RNs to bedside if possible.
- 2. Place 18 G IV, Ask MD re: 2nd Line & Foley
- 3. Draw Labs for Sepsis Panel in < 30 min.
- 4. Prepare for Fluid Bolus, Alert X-Ray tech
- 5. Source Control as appropriate
- 6. Consider transfer to a higher level of care

Severe Sepsis Resuscitation Elements

- Lactate draw < 30 min and result < 90 min
- BCs X 2 ordered and drawn before Antibiotic if not already drawn within past 48 hrs
- Initiate or confirm appropriate Antibiotics ≤ 60 min
- IVF bolus started < 30 min of Severe Sepsis recognition
- Fluids: NS 500 mL boluses q 15 min to total 30mL/kG of actual body weight
- Repeat lactate <u>approximately</u> 30 60 min s/p fluid bolus completion
- Cont. monitoring, <u>document</u> VS q 15 min x 90 minutes, then q 60 minutes

Severe Sepsis Dx Criteria met (Dx SS) if:

- SBP < 90, or ↓ in SBP
 > 40 mm Hg from
 baseline, OR
 MAP < 65
- New End Organ Dysfunction (SEE BOX)
- Lactate > 2.0

NO ,

Continue monitoring VS, mental status, etc.

Path Complete

Document
Primary Dx: Sepsis,
Secondary Dx: Suspected
Source

YES

NEW (otherwise unexplained) End

Organ Dysfunction

- •PaO2/FiO₂ ratio < 300
- Increasing O₂ demand to maintain sat > 90%
- •Cr > 2.0 or > 50% increase from known baseline
- Urine Output < 0.5 mL/kG/hr for > 2 hrs
- •Bilirubin > 2.0 mg/dL
- •Platelet Count < 100K
- •INR > 1.5, PTT > 60 sec
- •New onset altered Mental Status
- •Lactate > 2.0

Repeat Lactate ≥ 4 or Persistent SBP < 90

NO

Monitor VS, mental status, etc

Path Complete

Document
Primary Dx:
Severe Sepsis
Secondary Dx:
Suspected
Source

Septic Shock Bundle

- Consider Additional NS boluses and/or
- Start Vasopressor Norepinephrine (0.05 microgram/kG/min)
- Repeat lactate <u>approximately</u> 30-60 min s/p fluid bolus completion
- Clinical volume reassessment within 6 hrs

Path Complete

Document Primary Dx: Septic Shock, Secondary Dx: Suspected Source

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