Adult Sepsis Treatment

******Order Sepsis Careset******

Sepsis Criteria

- Suspected/proven infection or Patient on Antibiotic therapy (not prophylaxis)
- **Indication: Start Tx if 2 out of the following present:** Temp > 100.4 or < 96.8; HR > 90, Resp Rate >20 or $PaCO_2$ < 32; WBC > 12,000 or < 4,000 or bands 10%; Altered Mental Status; SBP <100 mmHg

Verification: Tx MUST continue if additional one of the following present:

- SBP < 90 mmHg or MAP < 65 mmHg or decrease in SBP >40 mmHg from last normal SBP for the patient, Altered Mental Status, **Lactate > 2 mmol/L (measure within 3 hrs)**, SpO_2 < 90% on room air or PaO_2/FiO_2 < 300, Scr > 2 mg/dL or Urine output < 0.5 mL/hr/hr for more than 2 hours, Bilirubin > 2 mg/dL, Platelet count <100,000, INR > 1.5 or aPTT > 60 sec

Septic Shock defined as Sepsis in which hypotension (MAP<65) and lactate >2mmol/L persist despite adequate fluid resuscitation

TO BE COMPLETED WITHIN 3 HOURS OF TIME OF PRESENTATION

1. **Measure lactate level**
2. **Obtain blood cultures prior to administration of antibiotics**
3. **Administer broad spectrum antibiotics (Meropenem plus Vanco)**
4. **Administer 30ml/kg NS for hypotension or lactate ≥4mmol/L**

TO BE COMPLETED WITHIN 6 HOURS OF TIME OF PRESENTATION

5. **Start Norepinephrine (Levophed) if hypotension doesn't respond to fluid resuscitation (maintain a mean arterial pressure (MAP) ≥65mmHg)**
6. **In the event of persistent hypotension after initial fluid administration (MAP < 65 mm Hg) or if initial lactate was ≥4 mmol/L, re-assess volume status and tissue perfusion**
7. **Re-measure lactate if initial lactate elevated**

Resuscitation goals during first 6 hours:

- **Central venous pressure (CVP) 8-12 mmHg**
- **Mean arterial pressure (MAP) ≥ 65 mmHg**
- **Urine output ≥ 0.5 mL/kg/hr**
- **Central venous or mixed venous PO_2 sat 70% or 65%**

Location: M:\Shared\Pharmacy\General Use Forms\ED Sepsis Chart 2016.pdf
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