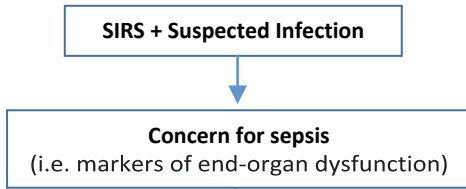


# Sepsis Protocol



**COMPLETE within 3 Hours**

Check lactate

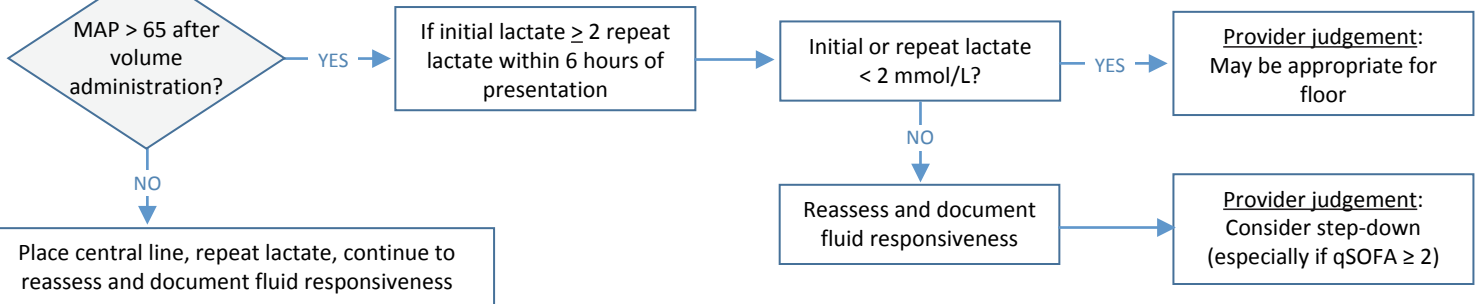
<p><b>Infection Control</b></p> <ul style="list-style-type: none"> <li>Blood culture x 2 – percutaneous and each vascular access device</li> <li>Consider urine, sputum, abscess culture &amp; LP if indicated</li> <li>Appropriate broad spectrum antimicrobials (goal within 1 hour)</li> <li><b>Administer gram negative coverage first</b></li> <li>Source control: early surgical consult if indicated</li> </ul>	<p><b>Resuscitate</b></p> <p>Volume Administration:</p> <ul style="list-style-type: none"> <li>30 cc/kg IBW bolus of IV crystalloid</li> <li>If MAP &lt; 50 mmHg, consider starting vasopressors simultaneously (see below)</li> </ul> <p>Then:</p> <p>Assess and document fluid responsiveness</p>
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- SIRS Criteria (2 of 4)**
- Temp > 38° or < 36° C
  - HR > 90 BPM
  - RR > 20 or PaCO<sub>2</sub> < 32
  - WBC >12, <4, or >10% bands

- qSOFA Criteria (2 of 3)**
- SBP ≤ 100 mmHg
  - Altered mental status (GCS <15)
  - Respiratory rate ≥ 22

- Markers of End-Organ Dysfunction**
- qSOFA ≥ 2
  - Lactate ≥ 4
  - SBP < 90, MAP < 70 mmHg
  - Cr > 2.0
  - Bilirubin > 2.0
  - Platelets < 100k
  - INR > 1.5
  - AMS

- Assessing Fluid Responsiveness**
- Consider 500 mL volume challenge if:
- ECHO: hyperdynamic LV and/or small collapsed IVC
  - NICOM: CO or CI increases by > 10% with passive leg raise or volume challenge or SVV > 13%
  - Pulse pressure variation > 12% (in intubated patients with machine-delivered breaths)



**MAP Goal > 65**

- Initiate vasopressors to target MAP > 65 mm Hg
- Place arterial line
- Start norepinephrine at 2 mcg/min IV
  - Increase by 1 mcg/min every 2 minutes until MAP > 65
- Once at norepinephrine of 10 mcg/min, consider adding: Vasopressin 0.04 units/min

**AND/OR**

Epinephrine 1 mcg/min:

- Increase by 1 mcg/min every 5 min until MAP > 65

- Consider dobutamine 5 mcg/kg/min if concern for inadequate inotropy (i.e. by qualitative ECHO or low CO/CI)
  - Increase by 1 mcg/kg/min every 10 min until MAP > 65
- Consider hydrocortisone (100 mg IV q12h) if on chronic steroids or known adrenal suppression

- Mechanical Ventilation**
- Vt 6-8 cc/kg
  - Plateau pressure ≤ 30 cm H<sub>2</sub>O
  - HOB 30-45°
  - Obtain ABG 30 min post-intubation
  - Wean FIO<sub>2</sub> to SpO<sub>2</sub> > 92%

- Glucose Control**
- Target glucose 110-180 mg/dL
  - Consider starting insulin drip if > 180

Admit to ICU