Sepsis/Septic Shock Algorithm

Severe Sepsis and Septic Shock Criteria

Possible or Suspected Infection:
Any sign or symptom infection might be present: cough, fever, chills, malaise, dysuria, altered mental status, headache, fatigue, "not feeling well," abdominal pain, vomiting, diarrhea, purulent wound.

SIRS (at least 2)
Temp < 36 or > 38.3
HR > 90
RR > 20
WBC < 4 or > 12
Bands > 10%

New Organ Dysfunction (at least 1):
Lactate > 2
SBP < 90 or MAP < 65
Creatinine > 2.0
Bilirubin > 2.0
Platelets < 100
INR > 1.5 or PTT > 60
Acute need for NIV/Vent support

Septic Shock: Infection + SIRS + Lactate ≥ 4 **or** persistent hypotension following fluid bolus

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If patient meets these criteria, Initiate Sepsis Bundle Immediately.
TIME ZERO is when ALL the above criteria are first present.

↓ **START**

1. Draw serum **lactate** STAT
2. Draw **blood cultures** prior to giving antibiotics STAT
3. Start broad spectrum IV **antibiotics** STAT

3 Hour Bundle
Must be completed within 3 hours of Time Zero

↓ **AND**

Is patient hypotensive within 6 hours of TIME ZERO? OR lactate ≥ 4?

YES	NO
4. Give 30 ml/kg NS or LR bolus STAT over 60-90 minutes.	Lactate < 2.0 = / Lactate > 2.0 =
Provider may choose less than 30ml/kg if:	No repeat needed. / **Repeat lactate within 6 hours of time zero.**
1. *Clinical indication for less fluid present. Both volume ordered and indication MUST be documented in a single note.* **OR**	
2. *If BMI is > 30, IBW may be used to dose. IBW MUST be recorded and documented in reference to sepsis bolus in a single note.*	

6 Hour Bundle
Must be completed within 6 hours of Time Zero

↓ **THEN**

Is patient hypotensive in the hour following bolus?

YES	NO
5. **Start a vasopressor if SBP < 90 or MAP < 65** 6. **Perform sepsis reassessment**	7. **Ensure repeat lactate drawn**
Provider must document in a note after the fluid bolus:	If initial lactate > 2, repeat must be drawn within 6 hours of time zero.
1. *"Sepsis reassessment performed."* **OR**	
2. *Focused exam or review of systems* **OR**	
3. *Document CVP, echo, or fluid challenge*	

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