

# COOKEVILLE REGIONAL MEDICAL CENTER SEVERE SEPSIS/SEPTIC SHOCK CLINICAL PATHWAY

PLEASE COMPLETE THE FOLLOWING:

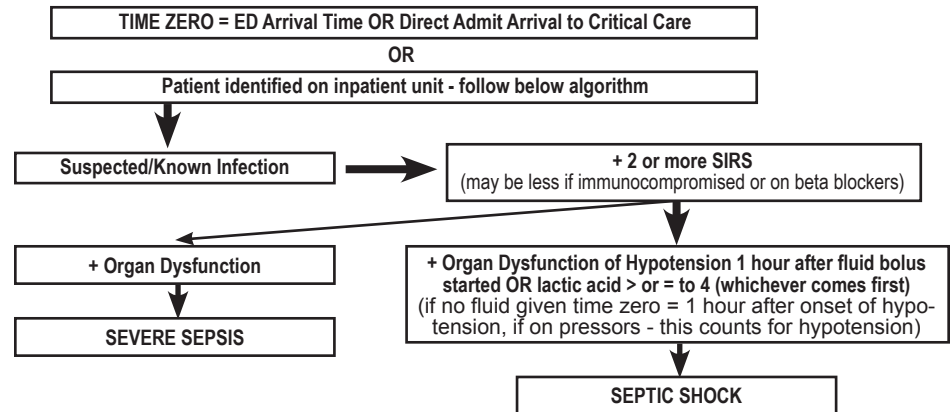
- Time Zero: Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Patient transferred from (unit or hospital):  ER  Other In-house Transfer \_\_\_\_\_ floor  Outside Facility / Direct Admit
  - Patient was identified as having severe sepsis/septic shock:  ED  Floor \_\_\_\_\_  CVICU  ICU
  - Hospital Discharge status:  Alive  Expired

Room #: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_

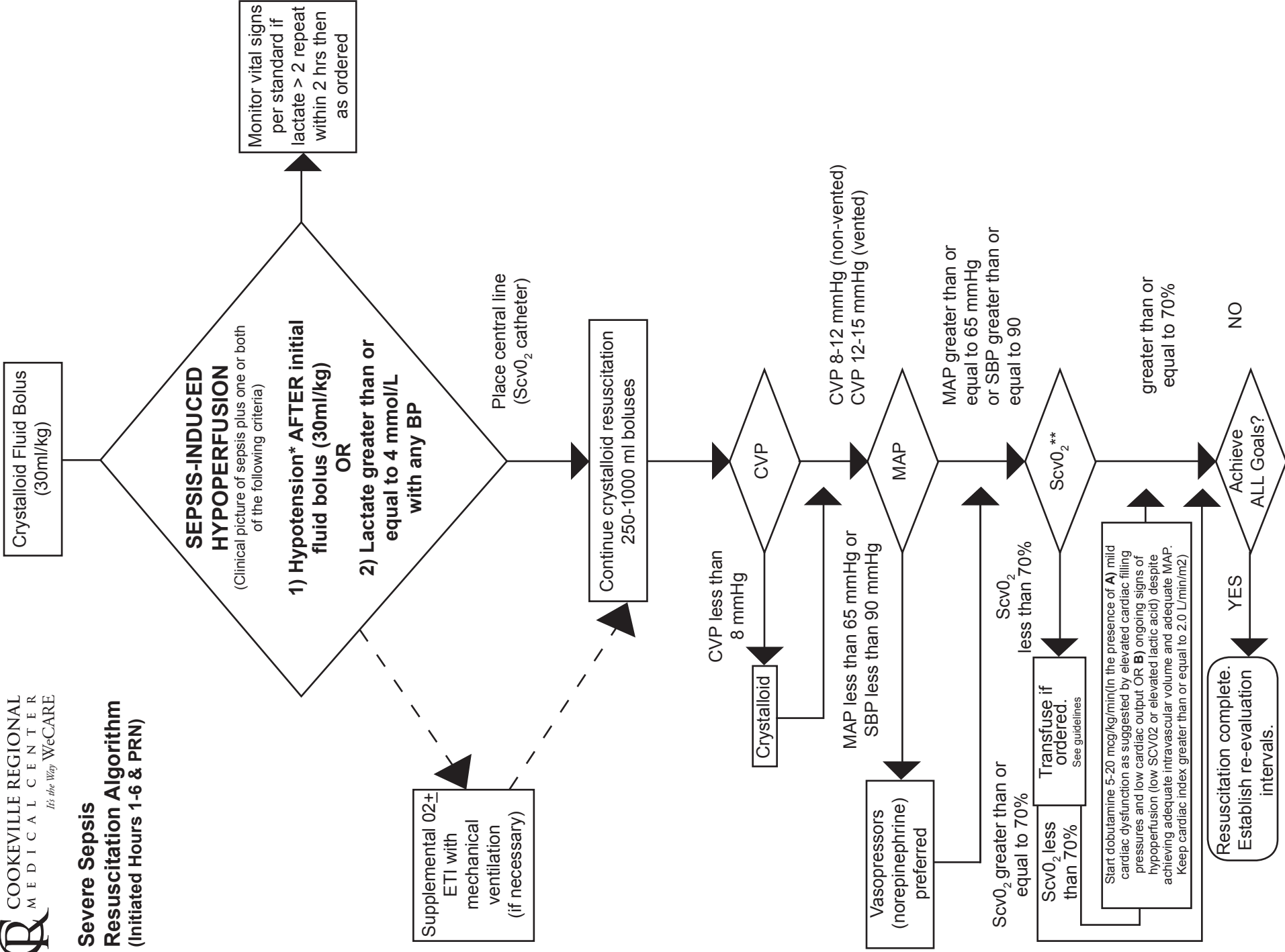
|  | Date: _____ to _____<br><b>0-1 Hours</b>  | Date: _____ to _____<br><b>1-6 Hours</b>   | Date: _____ to _____<br><b>6-24 Hours</b> |                |  |  |  |  |  |  |  |  |  |  |      |      |  |  |  |   |  |  |                                 |  |  |  |   |
|--|---|--|---|----------------|--|--|--|--|--|--|--|--|--|--|------|------|--|--|--|---|--|--|---------------------------------|--|--|--|---|
| <p><b>Severe Sepsis defined as:</b><br/>Known or suspected infection, 2 or more signs of SIRS, and organ dysfunction.</p> <p><b>*Septic Shock defined as:</b><br/>Known or suspected infection with 2 or more signs of SIRS, organ dysfunction, and hypotension which is defined as systolic B/P less than 90mmHg or MAP less than 65 or 40mmHg decrease in B/P from baseline after a30mL/Kg fluid bolus or known or suspected infection with 2 or more signs of SIRS, organ dysfunction, and hypoperfusion evidenced by a lactic acid level greater than or equal to 4.</p> | <p>Date: _____ Time: _____</p> <p>ED Provider (If positive screen in ED) _____</p> <p>Yes No Serum lactate drawn STAT?</p> <p>Yes No Blood Cultures (BC) X 2 <b>Peripherally</b><br/>(if not done in previous 48 hours)<br/>Date _____ Time _____</p> <p>Yes No Other Cultures: <input type="checkbox"/> Sputum <input type="checkbox"/> Wound<br/><input type="checkbox"/> Urine <input type="checkbox"/> _____</p> <p>Yes No Establish IV access<br/>_____ Patient weight in kg</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE</th> <th>TIME</th> <th>Amount Infused</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>_____ Volume patient received (Goal 30mL/kg)</p> <p>Yes No Broad Spectrum Antibiotic-start <b>AFTER</b> obtaining blood culture? (if cannot obtain BC &gt; 45 minutes hang abx)<br/>Date _____ Time _____ antibiotic hung</p> <p>_____ Source Control<br/>(Testing Suspicious Signs of Sepsis)</p> | DATE   | TIME                                      | Amount Infused |  |  |  |  |  |  |  |  |  | <p>Refer to Severe Sepsis Resuscitation Algorithm</p> <p>Yes No LA 2-3.9 (if yes recheck LA within 2 hours-goal is to normalize LA)<br/>Initial LA Time: _____ Result: _____<br/>2 hours later if elevated &gt; 2 Time: _____ Result: _____</p> <p>Yes No Was initial lactate greater than or equal to 4mmol/L?<br/>Yes No Was patient hypotensive after initial fluid bolus?</p> <p>If above 2 questions both are NO - STOP this form and continue screening every shift and PRN. If either question YES continue -This is now the Septic Shock portion of this form.</p> <p>Yes No Central Line placed<br/>Type: <input type="checkbox"/> PreSep <input type="checkbox"/> PICC <input type="checkbox"/> Jug/SC TL <input type="checkbox"/> Fem TL<br/>Date _____ Time _____<br/>If no, why? _____</p> <p>Provider Name: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE</th> <th>TIME</th> <th>Record the first time the following is achieved:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>CVP 8-12 mmHg (non-vented)<br/>12-15 mmHg (vented)</td> </tr> <tr> <td> </td> <td> </td> <td>MAP greater than or equal to 65</td> </tr> <tr> <td> </td> <td> </td> <td>ScvO<sub>2</sub> greater than or equal to 70% or SvO<sub>2</sub> greater than or equal to 65% (if PreSep not inserted and you have a non-femoral central line draw an O<sub>2</sub> HGB from the distal port Stat. If not to goal draw one in 3 hours, then 6 hr until goal of 70.)</td> </tr> </tbody> </table> <p>Yes No Confirm Infectious Source (actual reports confirming ie, labs, ct report)</p> <p>Baseline time _____ ScvO<sub>2</sub> _____<br/>3 hour time _____ ScvO<sub>2</sub> _____<br/>6 hour time _____ ScvO<sub>2</sub> _____</p> | DATE | TIME | Record the first time the following is achieved: |  |  | CVP 8-12 mmHg (non-vented)<br>12-15 mmHg (vented) |  |  | MAP greater than or equal to 65 |  |  | ScvO <sub>2</sub> greater than or equal to 70% or SvO <sub>2</sub> greater than or equal to 65% (if PreSep not inserted and you have a non-femoral central line draw an O <sub>2</sub> HGB from the distal port Stat. If not to goal draw one in 3 hours, then 6 hr until goal of 70.) | <p>Yes No Is patient on vasopressor at greater than 6 hours (if no, skip to Blood Glucose section)</p> <p>Yes No Considered Hydrocortisone if vasopressor unresponsive<br/>_____ If hydrocortisone administered, (50mg every 6 hours)<br/>Start Time: _____</p> <p>Yes No Was Vasopressin considered for refractory septic shock?</p> <p>Blood Glucose - chart all bgm's between hours 6-24 (If patients glucose greater than 180 obtain orders for an insulin drip) Goal &lt;180mg/dL</p> <p>Time _____ Value _____ Time _____ Value _____<br/>Time _____ Value _____ Time _____ Value _____<br/>Time _____ Value _____ Time _____ Value _____</p> <p><i>In patients with acute lung injury or ARDS:</i><br/>Is tidal volume 6ml/kg of ideal body weight in first 24 hours?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>All Mechanically Ventilated Patients</i><br/>Are the static or plateau inspiratory pressures less than 30cmH2O in first 24 hours?<br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>APRV <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Oscillator Vent <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| DATE   | TIME  | Amount Infused   |   |                |  |  |  |  |  |  |  |  |  |  |      |      |  |  |  |   |  |  |                                 |  |  |  |   |
|  |   |  |   |                |  |  |  |  |  |  |  |  |  |  |      |      |  |  |  |   |  |  |                                 |  |  |  |   |
|  |   |  |   |                |  |  |  |  |  |  |  |  |  |  |      |      |  |  |  |   |  |  |                                 |  |  |  |   |
|  |   |  |   |                |  |  |  |  |  |  |  |  |  |  |      |      |  |  |  |   |  |  |                                 |  |  |  |   |
| DATE   | TIME  | Record the first time the following is achieved:   |   |                |  |  |  |  |  |  |  |  |  |  |      |      |  |  |  |   |  |  |                                 |  |  |  |   |
|  |   | CVP 8-12 mmHg (non-vented)<br>12-15 mmHg (vented)  |   |                |  |  |  |  |  |  |  |  |  |  |      |      |  |  |  |   |  |  |                                 |  |  |  |   |
|  |   | MAP greater than or equal to 65  |   |                |  |  |  |  |  |  |  |  |  |  |      |      |  |  |  |   |  |  |                                 |  |  |  |   |
|  |   | ScvO <sub>2</sub> greater than or equal to 70% or SvO <sub>2</sub> greater than or equal to 65% (if PreSep not inserted and you have a non-femoral central line draw an O <sub>2</sub> HGB from the distal port Stat. If not to goal draw one in 3 hours, then 6 hr until goal of 70.) |   |                |  |  |  |  |  |  |  |  |  |  |      |      |  |  |  |   |  |  |                                 |  |  |  |   |
| Initials: _____<br>Signature: _____  | Initials: _____<br>Signature: _____   | Initials: _____<br>Signature: _____  | Initials: _____<br>Signature: _____       |                |  |  |  |  |  |  |  |  |  |  |      |      |  |  |  |   |  |  |                                 |  |  |  |   |

- Goal directed therapy to achieve increased O<sub>2</sub> delivery:
- CVP 8-12mmHg (non-vented), 12-15 (vented)
  - MAP greater than or equal to 65mmHg
  - ScvO<sub>2</sub> greater than or equal to 70%
  - Blood Glucose less than 180 mg/dl
  - Urine output greater than 0.5 ml/kg/hour

|                           |  |
|---------------------------|--|
| <p>PATIENT ID STICKER</p> | <p>_____</p> <p>Date/Time of Positive Screen</p> <hr/> <p>Suspected / Known Infection</p> <hr/> <p>SIRS: T _____ HR _____<br/>RR _____ WBC _____</p> |
|---------------------------|--|



**Severe Sepsis Resuscitation Algorithm**  
 (Initiated Hours 1-6 & PRN)



Monitor vital signs  
per standard if  
lactate > 2 repeat  
within 2 hrs then  
as ordered

Start dobutamine 5-20 mcg/kg/min (in the presence of A) mild cardiac dysfunction as suggested by elevated cardiac filling pressures and low cardiac output. OR B) ongoing signs of hypoperfusion (low SCV02 or elevated lactic acid) despite achieving adequate intravascular volume and adequate MAP. Keep cardiac index greater than or equal to 2.0 L/min/m2.

Resuscitation complete.  
Establish re-evaluation  
intervals.