Please complete the following:

**Time Zero = ED Arrival Time OR Direct Admit Arrival to Critical Care**

**OR**

Patient identified on inpatient unit - follow below algorithm

- + 2 or more SIRS
  - (may be less if immunocompromised or on beta blockers)
- + Organ Dysfunction
  - of Hypotension 1 hour after fluid bolus started OR lactic acid > or = to 4 (whichever comes first)
  - (if no fluid given time zero = 1 hour after onset of hypotension, if on pressors - this counts for hypotension)
- SEPTIC SHOCK

### Sepsis Shock defined as:
- Known or suspected infection with 2 or more signs of SIRS, organ dysfunction, and hypotension which is defined as systolic < 90mmHg or MAP < 65mmHg or MAP less than 65 or 40mmHg decrease in B/P from baseline after a 30mL/Kg fluid bolus or known or suspected infection with 2 or more signs of SIRS, organ dysfunction, and hypoperfusion evidenced by a lactate acid level greater than or equal to 4.

### Severe Sepsis defined as:
- Known or suspected infection, 2 or more signs of SIRS, and organ dysfunction.

**Urinary output greater than 0.5 ml/kg/hour**

**Blood Glucose less than 180 mg/dl**

**Scv0 12-15 mmHg (vented)**

**MAP greater than or equal to 65mmHg**

**CVP 8-12 mmHg (non-vented)**

**CVP 12-15 mmHg (vented)**

**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.**

- Yes No Other Cultures: Sputum Unna Wound
- Yes No Establish IV access
- Yes No Blood Cultures (BC) X 2
- Yes No Serum lactate drawn STAT?
- Yes No Was initial lactate greater than or equal to 4mmol/L?
- Yes No LA 2-3.9 (if yes check LA within 2 hours-goal is to normalize LA)
- Yes No Was initial lactate greater than or equal to 4mmol/L?
- Yes No Was patient hypotensive after initial fluid bolus?
- Yes No 2 or more signs of SIRS, organ dysfunction, and hemodynamic failure evidenced by a lactate acid level greater than or equal to 4.
- Yes No Baseline time Scv0
- Yes No 6 hour time Scv0
- Yes No 2 or more signs of SIRS
- Yes No Patient identified on inpatient unit - follow below algorithm
- Yes No Is patient on vasopressor at greater than 6 hours (if no,skip to Blood Glucose section)
- Yes No Was Vasopressin considered for refractory septic shock?
- Blood Glucose - chart all bgs between hours 6-24 (if patients glucose greater than 180 obtain orders for an insulin drip) Goal < 180mg/dL
- Yes No Was hydrocortisone administered, (50mg every 6 hours)
- Yes No Is patient on vasopressor at greater than 6 hours (if no,skip to Blood Glucose section)
- Yes No Was Vasopressin considered for refractory septic shock?
- Blood Glucose - chart all bgs between hours 6-24 (if patients glucose greater than 180 obtain orders for an insulin drip) Goal < 180mg/dL
- Yes No Was hydrocortisone administered, (50mg every 6 hours)

**Goal directed therapy to achieve increased O2 delivery:**
- CVP 8-12mmHg (non-vented), 12-15 (vented)
- MAP greater than or equal to 65mmHg
- Scv02 greater than or equal to 70%
- Blood Glucose less than 180 mg/dl
- Urine output greater than 0.5 ml/kg/hour

**Provider Name:**

**Date/Time of Positive Screen**

**Suspected / Known Infection**

**SIRS:** T_____ HR_____ RR_____ WBC_____

**Initials:** ____________________________

**Signature:** ____________________________

**DATE**

**TIME**

**Amount Infused**

**Volume patient received (Goal 30mL/kg)**

**Date Time antibiotic hung**

**Source Control**

(Testing Suspicious Signs of Sepsis)

**Initials:** ____________________________

**Signature:** ____________________________

**DATE**

**TIME**

**CVP 8-12 mmHg (non-vented)**

**12-15 mmHg (vented)**

**MAP greater than or equal to 65**

**Scv02 greater than or equal to 70% or Scv0 greater than or equal to 65% (if PreSep not inserted and you have a non-femoral central line draw an 0.2 HGB from the distal port Stat. If not to goal draw one in 3 hours, then 6 hr until goal of 70.)**

**Date Time**

**Value**

**Time**

**Value**

**Initial LA Time:**

**Result:**

**Result:**

**If no, why?**

**Provider Name:**

**Date:** ____________________________

**Time:** ____________________________

**Date:** ____________________________

**Time:** ____________________________

**Initials:** ____________________________

**Signature:** ____________________________

**TIME LIMITS**

**0-1 Hours**

**1-6 Hours**

**6-24 Hours**

**Record the first time the following is achieved:**

**TIME ZERO = ED Arrival Time OR Direct Admit Arrival to Critical Care**

**OR**

Patient identified on inpatient unit - follow below algorithm

- + 2 or more SIRS
  (may be less if immunocompromised or on beta blockers)
- + Organ Dysfunction
  - of Hypotension 1 hour after fluid bolus started OR lactic acid > or = to 4 (whichever comes first)
  - (if no fluid given time zero = 1 hour after onset of hypotension, if on pressors - this counts for hypotension)
- SEPTIC SHOCK

Please complete the following:

**Time Zero: Date:**

- 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:**

**Room #:** 

**Admission Date:** 

**Time:**

**Signature:** ____________________________

**Initials:** ____________________________

**DATE**

**TIME**

**Amount Infused**

**Volume patient received (Goal 30mL/kg)**

**Date Time antibiotic hung**

**Source Control**

(Testing Suspicious Signs of Sepsis)

**Initials:** ____________________________

**Signature:** ____________________________

**DATE**

**TIME**

**Amount Infused**

**Volume patient received (Goal 30mL/kg)**

**Date Time antibiotic hung**

**Source Control**

(Testing Suspicious Signs of Sepsis)

**Initials:** ____________________________

**Signature:** ____________________________

**DATE**

**TIME**

**Amount Infused**

**Volume patient received (Goal 30mL/kg)**

**Date Time antibiotic hung**

**Source Control**

(Testing Suspicious Signs of Sepsis)

**Initials:** ____________________________

**Signature:** ____________________________

**DATE**

**TIME**

**Amount Infused**

**Volume patient received (Goal 30mL/kg)**

**Date Time antibiotic hung**

**Source Control**

(Testing Suspicious Signs of Sepsis)

**Initials:** ____________________________

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

Crystalloid Fluid Bolus (30ml/kg)

SEPSIS-INDUCED HYPOPERFUSION
(Clinical picture of sepsis plus one or both of the following criteria)

1) Hypotension* AFTER initial fluid bolus (30ml/kg)
   OR
2) Lactate greater than or equal to 4 mmol/L with any BP

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

Supplemental O2 + ETI with mechanical ventilation (if necessary)

Place central line (ScvO₂ catheter)

Continue crystalloid resuscitation 250-1000 ml boluses

CVP less than 8 mmHg

Crystalloid

MAP less than 65 mmHg or SBP less than 90 mmHg

Vasopressors (norepinephrine) preferred

CVP 8-12 mmHg (non-vented)
CVP 12-15 mmHg (vented)

MAP greater than or equal to 65 mmHg or SBP greater than or equal to 90

ScvO₂ greater than or equal to 70%

Transfuse if ordered. See guidelines

ScvO₂ less than 70%

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 ScvO₂ 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.

YES

Achieve ALL Goals?

NO

ScvO₂ greater than or equal to 70%

YES

Achieve ALL Goals?