SEVERE SEPSIS DEFINED AS:
Known or suspected infection, 2 or more signs of SIRS, and organ dysfunction.

*SEPTIC SHOCK DEFINED AS:
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 40 mm Hg 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.

GOALS TO ACHIEVE

INCREASED 02 DELIVERY:
GOALS TO ACHIEVE

a lactic acid level greater than or equal to 4.

infection with 2 or more signs of SIRS, organ dysfunction, and hypoperfusion evidenced by a lactic acid level greater than or equal to 4.

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.

If yes was repeat lactic acid drawn in 2 hours?

Was patient hypotensive after initial fluid bolus? Yes No

If above 2 questions both are NO - STOP this form and continue screening every shift and PRN.

If either question YES call Code Sepsis and proceed to Septic Shock portion of this form.

SEPTIC SHOCK

Central Line Placed Yes No

1. Goal MAP greater than or equal to 65 met within 6 hours Yes No

2. Goal Scv02 greater than or equal to 70% or Sv02 greater than or equal to 65% (if PreSep not inserted and you have a non-femoral central line draw an O2 HGB from the distal port Stat. If not to goal draw one in 3 hours, then 6 hr until goal of 70.)

1. Was initial lactate greater than or equal to 4 mmol/L? Yes No

2. Was patient hypotensive after initial fluid bolus? Yes No

If either question YES call Code Sepsis and proceed to Septic Shock portion of this form.
Severe Sepsis Resuscitation Algorithm (Initiated Hours 1-6 & PRN)

**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 (Scv0₂ 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
- Scv0₂ greater than or equal to 70%
  - Scv0₂ less than 70%
    - Transfuse if ordered. See guidelines
- Map greater than or equal to 65 mmHg or SBP greater than or equal to 90
  - greater than or equal to 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 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)
- 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
- Scv0₂ less than 70%
  - Transfuse if ordered. See guidelines
- Scv0₂ greater than or equal to 70%
  - YES
    - Achieve ALL Goals?
  - NO
    - Resuscitation complete. Establish re-evaluation intervals.

*Hypotension = MAP less than 65 mmHg or SBP less than 90 mmHg