

SEPSIS RESUSCITATION BUNDLE

The goal is to perform all indicated tasks 100% of the time within the first 6 hours of identification of severe sepsis.

The tasks are:

1. Measure serum lactate
2. Obtain blood cultures prior to antibiotic administration
3. Administer broad-spectrum antibiotic, *within 3 hrs of ED admission and within 1 hour of non-ED admission*
4. In the event of hypotension and/or a serum lactate > 4 mmol/L
 - a. Deliver an initial minimum of 20 ml/kg of crystalloid or an equivalent
 - b. Apply vasopressors for hypotension not responding to initial fluid resuscitation to maintain mean arterial pressure (MAP) > 65 mm Hg
5. In the event of persistent hypotension despite fluid resuscitation (septic shock) and/or lactate > 4 mmol/L
 - a. Achieve a central venous pressure (CVP) of \geq 8 mm Hg
 - b. Achieve a central venous oxygen saturation (ScvO₂) \geq 70 % or mixed venous oxygen saturation (SvO₂) \geq 65 %

SEPSIS MANAGEMENT BUNDLE

Efforts to accomplish these goals should begin immediately, but these items may be completed within 24 hours of presentation for patients with severe sepsis or septic shock.

1. Administer low-dose steroids for septic shock in accordance with a standardized ICU policy. *If not administered, document why the patient did not qualify for low-dose steroids based upon the standardized protocol.*
2. Administer drotrecogin alfa (activated) in accordance with a standardized ICU policy. *If not administered, document why the patient did not qualify for drotrecogin alfa (activated).*
3. Maintain glucose control \geq 70, but < 150 mg/dl
4. Maintain a median inspiratory plateau pressure (IPP)* < 30 cm H₂O for mechanically ventilated patients

For questions or concerns, please contact the Critical Care Fellow On-Call.

