## **Sepsis Identification and Treatment**

Suspected Infection

YES

Suspected Infection

YES

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YES

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1. Temperature > 38.3 C (101 F) or < 36 C (96.8 F)

2. Heart rate > 90

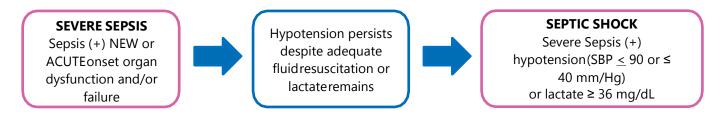
3. Respiratory rate > 20

4. White blood count > 12K, < 4K or > 10% bands

Sepsis: ≥ 2 SIRS (+) suspected or confirmed infection (e.g., UTI, PNA, wound)

## Initiate 3-Hour Bundle (to be completed within three hours of time of presentation\*)

- 1. Measure lactate level
- 2. Obtain blood cultures prior to administration of antibiotics
- 3. Administer broad-spectrum antibiotics
- 4. Administer 30 ml/kg crystalloid for hypotension or lactate ≥ 4 mmol/L



## Initiate 6-Hour Bundle (to be completed within six hours of time of presentation\*)

- 5. Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥ 65 mmHg
- 6. In the event of persistent hypotension after initial fluid administration (MAP < 65 mmHg) or if initial lactate was ≥ 4 mmol/L, re-assess volume status and tissue perfusion, and document findings
- 7. Re-measure lactate if initial lactate elevated

## **Document Re-assessment of Volume Status and Tissue Perfusion According to Either:**

- Repeat focused exam (after initial fluid resuscitation) by licensed independent practitioner including vital signs, cardiopulmonary, capillary refill, pulse and skin findings
- Or **two** of the following:
  - Measure CVP
  - Measure ScvO2
  - Bedside cardiovascular ultrasound
  - Dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge

<sup>\* &</sup>quot;Time of presentation" is defined as the time of triage in the emergency department or, if presenting from another care venue, from theearliest chart annotation consistent with all elements of severe sepsis or septic shock ascertained through chart review.



