Early Recognition

Suspected infection?

Yes

Suspected infection?

Yes

1. Obtain appropriate cultures - blood, urine, sputum, etc.
2. Assess for signs of organ dysfunction, such as:
   a. U/O < 0.5 cc/kg/hr
   b. Decreased mental status
   c. DIC, Plt < 100,000
   d. Acute lung injury/ARDS
   e. Cardiac dysfunction
3. Obtain lactate

No

Reassess Daily

SEVERE SEPSIS/SEPTIC SHOCK

Any one of:
1. Lactate ≥ 4 mMol
2. MAP < 65, SBP < 90
3. ≥ 1 organ dysfunction from baseline

No

Yes

1. Give antibiotics within 1 hour
2. Assess for organ dysfunction daily.

Signs of organ dysfunction?

Yes

Goals Achieved?

Yes

Begin 24 hour bundle indicators

Reassess steps 2-4; consider hydrocortisone supplementation; consider activated protein C if Apache II Score > 24, or ≥ 2 organ dysfunction

No

Reassess steps 2-4; consider hydrocortisone supplementation; consider activated protein C if Apache II Score > 24, or ≥ 2 organ dysfunction

STEP 1: Give broad spectrum antibiotics within 1 hour

Initiate SEPSIS orderset and transfer to ICU

Place A-line and Central line for CVP & ScvO2 monitoring

If respiratory failure, initiate lung protective strategies: supplemental oxygen, mechanical ventilation with initiation of ALI/ARDS Protocol

GOAL

IF

THEN

STEP 2: CVP

CVP 8-12

(CVP 12-15 intubated)

CVP < 8 (12)

Give at least 1 Liter fluid bolus in 30mins. Repeat until goal achieved NTE 3 Liters

CVP > 12 (15)

Reassess for fluid responsiveness

STEP 3: SBP/MAP

MAP 65-90

MAP < 65

1. Place arterial line
2. Initiate vasopressor therapy

STEP 4: ScvO2

ScvO2 ≥ 70

ScvO2 < 70

Hgb < 7

Transfuse PRBC

Hgb ≥ 7

Consider inotrope (dobutamine)

Note: This is a clinical template. Clinicians should use their judgment for individual patient encounters.