LIP Reassessment of Volume Status and Tissue Perfusion

** To be done in the time window beginning at the crystalloid fluid administration date and time and ending six hours after the presentation of septic shock date and time.

Physical Examination Date: _____ Time: _____

Vital Signs:

Temp._____

Pulse _____

Resp. _____

BP _____

Cardiopulmonary:

Heart

_____

_____

Lungs

_____

_____

Peripheral Pulses

Right 1+ [ ] 2+ [ ] 3+ [ ] 4+ [ ]

Left 1+ [ ] 2+ [ ] 3+ [ ] 4+ [ ]

Capillary Refill [ ] Brisk [ ] Greater than 2 seconds [ ] Less than 2 seconds

Skin [ ] No mottling [ ] Mottling present