Sepsis Bundles

TO BE COMPLETED WITHIN 3 HOURS
OF TIME OF PRESENTATION † :

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

† "time of presentation" is defined from earliest chart annotation consistent with severe sepsis /shock

TO BE COMPLETED WITHIN 6 HOURS

5.Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain (MAP) ≥65mmHg
6.In the event of persistent hypotension after initial fluid administration (MAP < 65 mm Hg) or if initial lactate was ≥4 mmol/L, re-assess volume status and tissue perfusion.
7.Re-measure lactate if initial lactate > 2

DOCUMENT REASSESSMENT OF VOLUME STATUS AND TISSUE PERFUSION BY LIP:

Either

•Repeat focused exam (after initial fluid resuscitation) by LIP including VS, cardiopulmonary, cap refill, pulses 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

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ADULT SEPSIS CRITERIA

SIRS	* Temp >100.9°F (38.3C) or < 96.8°F (36C) * HR>90 * RR>20 * WBC > 12,000 or < 4,000 or >10% bands
Sepsis	*** Known or suspected infection PLUS 2 or more SIRS criteria**
Severe Sepsis **Sepsis PLUS New Organ Failure**	**Organ Failure Criteria:** * Cardiovascular: SBP <90 or ↓40 from baseline or MAP < 65 [(2 x diastolic)+systolic]/3 or a * Respiratory: SaO2 < 90% or ↑ in O2 requirements * Renal: (Urine output <0.5ml/kg/hrx2hrs) or (Creatinine > 2 or ↑0.5mg dl from baseline) * Metabolic: Lactic Acid >2mmol/L * CNS: Change in mental status (new) * Platelets < 100,000 * INR > 1.5 (unrelated to anticoagulant therapy) * Hepatic: Serum total bilirubin >2
Septic Shock	* Severe sepsis PLUS hypotension (SBP <90 or MAP less than 65) despite 30ml/kg fluid bolus and/or * Lactate greater or equal to 4mmol/L

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