

**Diagnosis:**  Severe Sepsis  Septic Shock Time of Determination: \_\_\_\_\_

**Severe Sepsis:** acute organ dysfunction, associated with hypoperfusion, hypotension before fluid challenge

**EMPIRIC ANTIBIOTICS MUST BE ADMINISTERED WITHIN ONE HOUR OF DIAGNOSIS**

**SUSPECTED SOURCE OF INFECTION:**  Lung  Blood  Urine  
 Intra-Abdominal  Skin/Soft Tissue  Other: \_\_\_\_\_

PATIENT LABEL  
MUST BE PLACED  
WITHIN THIS BOX

**DIAGNOSTICS: ALL TESTS STAT**

**LABORATORY/TESTS:**

Lactate level q 6 hrs x 2

CBC with differential

ChemScreen-14

Magnesium and Phosphorus

PT/PTT/INR

Portable CXR

ABG

Type and screen

Other: \_\_\_\_\_

**CULTURES:**

Blood cultures x 2

- Prior to antibiotic administration
- Separate by 20 minutes
- If central line present, draw one peripherally and one centrally

UA/C&S

Sputum

Other: \_\_\_\_\_

**ASSESSMENT/ MONITORING:**

Vital signs q 15 minutes until SBP > 90 mm Hg, then q 30 minutes unless hemodynamically unstable

Telemetry

Continuous pulse oximetry

O<sub>2</sub> by nasal cannula at \_\_\_\_\_ L/min or  \_\_\_\_\_ %FiO<sub>2</sub> by mask

Place urinary catheter for strict I & O's

Place 2 large bore peripheral lines

**SEPTIC SHOCK:**

**INITIAL RESUSCITATION:** Take into consideration fluids given prior to this point.  
**IF PATIENT MEETS SIRS CRITERIA WITH SBP < 90 MM HG AND/OR LACTATE > 4 INITIATE THE FOLLOWING:**

**Initial Fluid Challenge (Check one):** Recommended resuscitation volume of 20 - 30 mL/kg

Administer 1 L NS IV bolus over 30 minutes x 2 to achieve SBP > 90 mm Hg\*

Other IVF: \_\_\_\_\_

Call MD for IVF/vasopressor orders if SBP < 90mmHG after initial fluid challenge

**Maintenance Fluid (Check one):**

Administer NS at 150 mL/hr or NS at \_\_\_\_\_ mL/hr

Other IVF: \_\_\_\_\_

**If SBP < 90 mm Hg or Lactate > 4 after fluid challenge, insert ScvO<sub>2</sub> TLC catheter and initiate CVP monitoring**

If CVP < 8 (or < desired goal), continue 500 mL NS IV boluses q 30 minutes until desired goal is achieved.

**If desired CVP goal achieved, but MAP < 65 and/or SBP < 90 mm Hg, initiate vasopressor:**

Norepinephrine 4 mg /250 mL D5W infuse at \_\_\_\_\_ mcg/min, titrate to MAP ≥ 65 mm Hg (max 30mcg/min)

Dopamine 400mg/250cc D5W infuse at \_\_\_\_\_ mcg/kg/minute (10-20mcg/kg/min)

**If CVP, MAP, and UO goals have been achieved, but ScvO<sub>2</sub> remains < 70%, consider one or both of the following:**

Dobutamine 500 mg/250 mL D5W infuse at \_\_\_\_\_ mcg/kg/min (2.5-20 mcg/kg/min)

Transfuse PRBC (if Hematocrit ≤ 30%) as per Blood Transfusion Order Sheet

**If SBP < 90 despite fluid resuscitation and high dose vasopressor agent: Call MD**

**RESUSCITATION GOALS**

\*WITHIN 1ST 6 HOURS\*

- CVP 8-12 mm Hg
- MAP ≥ 65 mm Hg
- Urine output (UO) ≥ 0.5 mL/kg/hr
- ScvO<sub>2</sub> ≥ 70%

**Admit To:** \_\_\_\_\_ **ICU Attending Physician:** \_\_\_\_\_

MD/PA Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Primary Nurse Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



**SCREENING TOOL FOR SEVERE SEPSIS/SEPTIC SHOCK**

**DO NOT WRITE IN THIS AREA**

PATIENT LABEL MUST BE PLACED WITHIN THIS BOX

CHECK APPROPRIATE BOX

**Severe Sepsis (when all of the following are present)**

2 or more of the following:

- Temperature > 101°F OR < 96.8°F
- Heart Rate > 90 bpm
- RR > 20 bpm
- WBC > 12,000/mm<sup>3</sup> or < 4,000/mm<sup>3</sup> or > 10% immature (band) forms
- Acutely altered mental status
- Hyperglycemia (glucose > 140 mg/dl) in the absence of diabetes

**PLUS**

- 1 or more Organ dysfunction

**AND**

- Documented suspected infection

**Septic Shock (Meets criteria for severe sepsis AND One or more of the following)**

- SBP < 90 mmHg or MAP < 65 mmHg or SBP decrease > 40 mmHg
- Serum lactate > 4

**DOES PATIENT HAVE EVIDENCE OF ANY ORGAN DYSFUNCTION THAT IS NOT A CHRONIC CONDITION?**

Organ System	YES	NO	Evidence of ONE or more Organ Dysfunctions
<b>CARDIOVASCULAR</b>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• SBP ≤ 90 mmHg, MAP &lt; 65 or a reduction in SBP &gt; 40 mmHg</li> <li>• Vasopressors to maintain SBP ≥ 90 mmHg or MAP ≥ 65 mmHg</li> </ul>
<b>KIDNEY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Urine output &lt; 0.5 mL/kg/hr for 2 hour despite adequate fluid resuscitation</li> <li>• Creatinine &gt; 2 mg/dL OR &gt; 0.5 mg/dL from baseline</li> </ul>
<b>RESPIRATORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Bilateral pulmonary infiltrates with new (or increased) oxygen requirement to maintain SpO<sub>2</sub> &gt; 90%</li> <li>• Acute lung injury: PaO<sub>2</sub>/FiO<sub>2</sub> &lt; 300 in absence of PNA as a source</li> <li>• PaO<sub>2</sub>/FiO<sub>2</sub> &lt; 200 with PNA as a source</li> </ul>
<b>HEMATOLOGIC</b>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Platelet count &lt; 100,000 mm<sup>3</sup></li> <li>• PTT &gt; 60 seconds</li> <li>• INR &gt; 1.5 (excluding patients on anticoagulants)</li> </ul>
<b>SYSTEMIC</b>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Lactate level &gt; 2 mmol/L</li> </ul>
<b>LIVER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Plasma total bilirubin &gt; 2.0 mg/dL</li> </ul>

**SUSPECTED SOURCE OF INFECTION:**

- Pneumonia
- Intra-abdominal
- Line Sepsis/ Bacteremia
- Urine
- Skin/Soft Tissue
- Other: \_\_\_\_\_

Initiate Order Set for Severe Sepsis/Septic Shock Order (goals for first 6 hours from diagnosis)

MD/PA Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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