

**SEPSIS STABILIZATION**

The following clinical recommendations have been developed to aid in the early identification and management of suspected sepsis. A patient may screen positive for infection and receive treatment while other diagnoses are considered or managed. This guideline is in the interest of initiating stabilization and facilitating safe and expeditious transfer, while maximizing the chance for survival. Please use your clinical judgment; these are only recommendations. UW physicians are available for consultation through the Transfer Center.

<p><b>Step 1 – Infection Suspected</b> Source (if known):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abdominal</li> <li><input type="checkbox"/> Blood Stream</li> <li><input type="checkbox"/> Central Nervous System</li> <li><input type="checkbox"/> Device Related</li> <li><input type="checkbox"/> Endocarditis</li> <li><input type="checkbox"/> Epidemic</li> <li><input type="checkbox"/> Respiratory</li> <li><input type="checkbox"/> Travel Associate</li> <li><input type="checkbox"/> Urinary</li> <li><input type="checkbox"/> Wound/Soft Tissue</li> <li><input type="checkbox"/> Other</li> </ul>	<p><b>Step 2 – Screen for Sepsis-Defining Organ Dysfunction</b></p> <p><b>qSOFA <math>\geq 2</math></b> (worth 1 point each)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hypotension (SBP &lt; 100)</li> <li><input type="checkbox"/> Altered Mental Status (GCS &lt; 15)</li> <li><input type="checkbox"/> Respiratory Rate <math>\geq 22</math></li> </ul> <p><b>Organ Dysfunction:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lactate &gt;2</li> <li><input type="checkbox"/> Elevated bilirubin, creatinine</li> <li><input type="checkbox"/> Coagulopathy</li> <li><input type="checkbox"/> Altered Mental Status</li> <li><input type="checkbox"/> Hypotension (SBP&lt;90 or map &lt;65)</li> <li><input type="checkbox"/> Decreased urine output</li> <li><input type="checkbox"/> New or increased O2 need</li> </ul>	<p><b>Sepsis =</b> <b>Concern for infection + Evidence of life-threatening acute organ dysfunction</b></p> <p><b>Septic Shock =</b> <b>Sepsis + Persistent Hypotension (SBP &lt;90, or lactate &gt;4)</b></p>
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<p><b>Begin Emergency Treatment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Airway, Breathing, Circulation</b></li> <li><input type="checkbox"/> <b>Begin Bundle</b> (See below)</li> <li><input type="checkbox"/> <b>Administer Broad Spectrum Abx</b> Initiate Fastest infusing meds first See ABX reference sheet below Do Not Delay antibiotics for cultures</li> <li><input type="checkbox"/> <b>Begin Fluid Resuscitation:</b> 30 ml/kg IF Lactate <math>\geq 4</math>, SBP &lt; 90, MAP &lt; 65, or pt tachycardic with no s/s fluid overload</li> </ul>	<p><b>Reassess</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lactate if initial lactate &gt; 2</li> <li><input type="checkbox"/> Exam c/w hypoperfusion</li> <li><input type="checkbox"/> Passive leg raise</li> <li><input type="checkbox"/> Bedside ultrasound</li> <li><input type="checkbox"/> MAP &lt; 65 mmhg</li> </ul>	<p><b>Respond</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consider adding 10ml/kg fluid boluses if bedside ultrasound or passive leg raise suggests fluid responsiveness</li> <li><input type="checkbox"/> Initiate Norepinephrine for persistent hypotension</li> <li><input type="checkbox"/> Consider adding Vasopressin if MAP remains <math>\leq 65</math>, despite norepinephrine</li> <li><input type="checkbox"/> Consider adding Epinephrine for persistent shock</li> <li><input type="checkbox"/> Consider Corticosteroids if patient on chronic steroid therapy</li> </ul>
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## CMS BUNDLE CHECKLIST

3 Hour Bundle Requirement	6 Hour Bundle Requirement
<ul style="list-style-type: none"><li><input type="checkbox"/> Initial Lactate measurement</li><li><input type="checkbox"/> Blood cultures, culture other potential sources</li><li><input type="checkbox"/> Broad Spectrum Antibiotics <i>(goal &lt; 1 hr., give fastest infusing med 1<sup>st</sup>)</i></li><li><input type="checkbox"/> IV Fluids (30 ml/kg if SBP &lt; 90, or lactate ≥ 4)</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Complete 30 mg/kg fluid bolus</li><li><input type="checkbox"/> Repeat Lactate if initial lactate is ≥ 2</li><li><input type="checkbox"/> Initiate Vasopressors <i>if pt remains hypotensive (SBP &lt; 90, or MAP &lt; 65 after fluid bolus)</i></li><li><input type="checkbox"/> Documentation of Shock Re-assessment</li></ul>

### Antibiotic Therapy for Severe Sepsis/Septic Shock

ABX choice should be based on site of infection and risk factors for drug resistant organisms (prior abx, SNF, LTACH, h/o MDROs)

#### Single drug therapy options:

- Ceftriaxone
- Cefepime
- Piperacillin/Tazobactam
- Ertapenem
- Meropenem
- Levofloxacin (IV)

(ADD VANCOMYCIN if risk factors for MRSA present)

#### For patients with severe beta-lactam allergy:

Aztreonam OR Ciprofloxacin OR Aminoglycoside  
**PLUS** Vancomycin regardless of risk factors for MRSA

Contact Infectious Disease Consult or Antimicrobial Stewardship with questions

Reviewed 2021 HMC Sepsis Committee