

| Suspected/ Presumed Sepsis ED | Suspected/ Presumed Sepsis Acute Care/Critical Care | Severe Sepsis Normotensive/Lactate > 4 Acute Care/Critical Care | Severe Sepsis/Septic Shock MAP <65 and/or Lactate > 4 Volume Status + Tissue Perfusion Reassessment Strategy: CVP/ScVO ₂ | Severe Sepsis/Septic Shock MAP <65 and/or Lactate > 4 Volume Status + Tissue Perfusion Reassessment Strategy: Non-invasive |
|--|--|--|--|--|
| <ul style="list-style-type: none"> ✓ Sepsis Protocol ✓ Vital Signs every 15 minutes until stable, then per unit protocol ✓ Notify MD if MAP is less than or equal to 65 ✓ Cardiac Monitoring ✓ Pulse Oximetry ✓ NIBP Monitoring <input type="checkbox"/> ECG 12 lead ✓ Oxygen at 2 liters/min nasal cannula <input type="checkbox"/> X-ray chest 1 view <input type="checkbox"/> X-ray chest PA and lateral ✓ Insert peripheral IV x2 ✓ NS 500 ml bolus <input type="checkbox"/> NS 30 ml/kg bolus ✓ After fluid bolus contact physician for additional fluids | <ul style="list-style-type: none"> ✓ Sepsis Protocol ✓ Vital Signs every 15 minutes until stable, then per unit protocol ✓ Notify MD if MAP is less than or equal to 65 ✓ Cardiac Monitoring ✓ Pulse Oximetry ✓ NIBP Monitoring <input type="checkbox"/> ECG 12 lead ✓ Oxygen at 2 liters/min nasal cannula <input type="checkbox"/> X-ray chest 1 view <input type="checkbox"/> X-ray chest PA and lateral ✓ Insert peripheral IV x2 ✓ NS 500 ml bolus <input type="checkbox"/> NS 30 ml/kg bolus ✓ After fluid bolus contact physician for additional fluids | <ul style="list-style-type: none"> ✓ Sepsis Protocol ✓ Lactic acid, now then every 3 hrs ✓ NS 30 ml/kg bolus <input type="checkbox"/> NS 500 ml bolus ✓ Vital Signs every 15 minutes until stable, then per unit protocol ✓ Notify code sepsis team if MAP < 65 after fluid bolus ✓ Notify code sepsis team if repeat lactic acid is ≥ 4 | <ul style="list-style-type: none"> ✓ Sepsis Protocol ✓ Lactic acid, now then every 3 hrs ✓ NS 30 ml/kg bolus ✓ Vital Signs every 15 minutes until stable, then per unit protocol ✓ Vasopressor Orders <ul style="list-style-type: none"> • Norepinephrine • Epinephrine • Vasopressin • Dopamine • Phenylephrine ✓ Notify provider when initiating vasopressors and with each added vasopressor ✓ NS 500ml, PRN, every 30 minutes to maintain CVP 12-15 (ventilated) or 8-12 (non-ventilated) ✓ STAT SvO₂/ScVO₂ when CVP and MAP Goals are reached ✓ SvO₂/ScVO₂ every 2 hours times 3 when CVP and MAP Goals are reached, then every 6 hours ✓ Notify provider if ScVO₂ is less than 70% or SvO₂ is less than 65% after CVP target has been achieved | <ul style="list-style-type: none"> ✓ Sepsis Protocol ✓ Lactic acid, now then every 3 hrs ✓ NS 30 ml/kg bolus ✓ Vital Signs every 15 minutes until stable, then per unit protocol ✓ Vasopressor Orders <ul style="list-style-type: none"> • Norepinephrine • Epinephrine • Vasopressin • Dopamine • Phenylephrine ✓ Notify provider when initiating vasopressors and with each added vasopressor <input type="checkbox"/> Stat SvO₂/ScVO₂ ✓ Repeat Focused Exam – Nursing to notify provider when 30 ml/kg fluid bolus is complete. Within 6 hrs of time zero, provider will reassess patient’s volume status and tissue perfusion via focused exam. <input type="checkbox"/> Bedside Ultrasound and Passive Leg Raise/Fluid Challenge - Nursing to notify provider when 30 ml/kg fluid bolus is complete. Within 6 hrs of time zero, provider will reassess patient’s volume status and tissue perfusion via bedside ultrasound and passive leg raise/fluid |
| | | | <p>Use .SepsisReassess to document volume status and tissue perfusion reassessment strategy.</p> | |

All Treatment Courses Include:

Lactic Acid STAT

Blood Culture STAT

Antibiotics Grouped by Suspected Source

Rule in or Rule out Sepsis using

.SepsisRuleInRuleOut