UW Medicine | VALLEY MEDICAL CENTER Sepsis: Emergency Management

Screening for Sepsis SIRS CRITERIA • 2+ SIRS or 2+ qSOFA • Temp. > 100.9 (38.3C) < 96.8 (36 C) AND • Heart Rate > 90 Suspected infection • Respiratory Rate > 20 **Sepsis NOT Met** • WBC > 12000 < 4000 or bands > 10% (Treat Accordingly) **Evaluate for Organ Dysfunction** Blood cultures not routinely Vitals Q2-4 recommended • Labs (CBC/CMP/Lactate/INR/PTT) **qSOFA CRITERIA** • UTI/Pyelonephritis • Anticipate Blood Culture Altered Mental Status (AMS) • Cellulitis/Abscess (Order Extra Tube: Blood Culture) • SBP < 90 Pneumonia • Respiratory Rate ≥ 22 Blood cultures recommended • Meningitis **Evidence of End Organ EVIDENCE OF ORGAN DYSFUNCTION** • VP Shunt Infection **Dvsfunction?** • SBP <90 OR decrease ≥40 from baseline • Osteomyelitis/Discitis Spine MAP < 65 Endocarditis YES • Lactate >2 mmol/L • Complicated Pneumonia • Bilirubin >2.0 mg/dL • Liver Abscess / Cholangitis Sepsis Met • Acute respiratory failure requiring • Infected Kidney Stone (or Sepsis Dx documented) mechanical ventilation or BiPAP • Joint Infection • Platelets < 100K • Central-line Infection **3 HOUR BUNDLE** • INR > 1.5 or a PTT > 60 sec • Occult Bacteremia ☐ Collect Serum Lactate • Cr >2.0 • Neutropenic Fever (if not already completed) • Urine Output < 0.5 mL/kg/hr for > 2 hr ☐ Order Blood Culture **THEN** Acute Encephalopathy (two sets preferred) ■ Administer Antibiotics ☐ If initial hypotension present, resuscitate with 30mL/kg IV Fluids (LR preferred) **6 HOUR BUNDLE** ☐ Repeat Lactate if >2 **Shock Criteria Met?** • Lactate ≥4 OR Persistent Hypotension (MAP<65 or SBP<90) YES **Septic Shock Met** (or Septic Shock Dx documented) **3 HOUR BUNDLE** ☐ Collect Serum Lactate (if not already completed) ☐ Order Blood Culture (two sets preferred) **THEN** ■ Administer Antibiotics ☐ Resuscitation with 30mL/kg IV Fluids (LR preferred) **OR** document exclusion (.sepsisfluidexclusion) **6 HOUR BUNDLE** ☐ Repeat Lactate if >2 ☐ Document reassessment of volume status & tissue perfusion (.sepsisreassessfocused) ☐ Administer Vasopressor (if hypotension persists after IV Fluids)