

# Tomah Memorial Hospital Provider Sepsis Algorithm

**REMINDER:** If at any time patient is meeting sepsis criteria, at any level, and you do NOT believe it is related to sepsis please **DOCUMENT** and state specific rational (such as chronic condition, medication related, etc.)

## Sepsis

Infection (or suspected infection) + 2 or more SIRS criteria:

- Temperature > 38.3 or < 36
- HR > 90
- RR > 20
- WBC > 12,000 or < 4,000 or greater than 10% bands

### What to consider for treatment of sepsis

- Lactate ordered
- Blood cultures drawn prior to antibiotic administration
- Initiate broad-spectrum antibiotic

## Severe Sepsis

Meets criteria for **ACUTE** organ dysfunction with one of the following:

- SBP < 90 or 40 mmHg < baseline or MAP < 65
- Total Bilirubin > 2 or ileus
- Platelets < 100K or INR > 1.5 in non-anticoagulated
- Lactic Acid > 2
- Altered mental status
- Acute respiratory failure (BiPAP or mechanical ventilation)
- Urine output < 0.5 mg/kg/hr x 2 hours or SCr > 2 or CR increased over baseline >0.5

### What to consider for treatment of severe sepsis – All initiated within 3 hours

- IV crystalloid fluids (NS or LR); consider 30ml/kg bolus
  - Bolus may be administered at a rate greater than 125ml/hr as long as total volume is met
- Obtain lactate within 4 hours
  - **MUST** order if newly meeting severe sepsis or worsening and initial lactate was not elevated

## Septic Shock

- Lactate > 4
- Persistent hypotension
  - Determined by 2 consecutive readings AFTER 30 ml/kg crystalloid fluid bolus

### What to consider for treatment of septic shock – All initiated within 6 hours

- Consider transfer
- Initiate 30ml/kg crystalloid fluid bolus
- Repeat focused exam by provider **MUST** include the following:
  - [ ] Vitals [ ] CV exam [ ] Cap refill [ ] Peripheral pulses [ ] Skin exam (including color)
- Vasopressors if persistent hypotension is not responding to crystalloid fluids
  - Norepinephrine 0.05 mcg/kg/min (preferred)
  - Vasopressin 0.03 units/min
  - Epinephrine 0.05 mcg/kg/min

# Tomah Memorial Hospital Nursing Sepsis Algorithm

**NOTE:** If/when a patient presents in severe sepsis/septic shock verify all prior nursing interventions in algorithm are completed.

## Sepsis

Infection (or suspected infection) + 2 or more SIRS criteria:

- Temperature > 38.3 or < 36
- HR > 90
- RR > 20
- WBC > 12,000 or < 4,000 or greater than 10% bands

### Nursing interventions for sepsis

- THINK SEPSIS magnet/sticker
- Notify physician
- Verify physician has addressed treatment for sepsis
- VS every 4 hours
- Establish at least one large bore IV site

## Severe Sepsis

Meets criteria for **ACUTE** organ dysfunction with one of the following:

- SBP < 90 or 40 mmHg < baseline or MAP < 65
- Total Bilirubin > 2 or ileus
- Platelets < 100K or INR > 1.5 in non-anticoagulated
- Lactic Acid > 2
- Altered mental status
- Acute respiratory failure (BiPAP or mechanical ventilation)
- Urine output < 0.5 mg/kg/hr x 2 hours or SCr > 2 or CR increased over baseline >0.5

### Nursing interventions for severe sepsis

- Notify physician
- Verify physician has addressed treatment for severe sepsis
- Consider 1:1 nursing care (notify Nursing Leadership of staffing concerns)
- Vital signs every hour until stable, then every 2 hours x 4, then every 4 hours
- Monitor urine output; I/O every 8 hours (notify MD of urine output < 240 ml/hr every 8 hours)
- Cardiac monitor
- Continuous pulse oximetry

## Septic Shock

- Lactate > 4
- Persistent hypotension
  - Determined by 2 consecutive readings AFTER 30 ml/kg crystalloid fluid bolus

### Nursing interventions for septic shock

- Notify physician
- Verify physician had addressed treatment for septic shock
- 1:1 nursing care if not already initiated (notify Nursing Leadership of staffing concerns)
- Vital signs every 15 minutes
- I/O every 2 hours