SPOT SEPSIS
Act fast.

SEVERE SEPSIS CHECKLIST

(See next page for Severe Sepsis and Septic Shock Criteria)
Providers encouraged to use Sepsis Order Set

STOP SEPSIS
Save lives.

Complete within 3 hours		Know Why and Comply
☐	Draw STAT lactate level	Assesses for metabolic organ dysfunction; trends severity of illness and effect of interventions
☐	Draw STAT blood cultures*	Helps to guide antibiotic decision making – most helpful when drawn prior to start of antibiotics
☐	Initiate broad spectrum antibiotics	Should be started within 3 hours; for every hour antibiotics are delayed in sepsis, mortality increases by 9%
☐	Start 30cc/kg LR IVF bolus for hypotension or lactate ≥ 4	Hypotension is 2 low BPs (SBP < 90 or MAP < 65) within 3 hrs of one another. Weight based fluid bolus administration decreases patient death from sepsis

Complete within 6 hours		Know Why and Comply
☐	Draw repeat lactate if initial > 2**	Trends severity of illness and effect of interventions
☐	Document 2 BPs within 1 hr after IVF bolus completion	Assesses fluid responsiveness of patient and identifies septic shock if patient is persistently hypotensive
☐	Start vasopressors for septic shock***	If hypotension persists, start vasopressors for septic shock
☐	Provider documents reassessment note for volume status / tissue perfusion	Assess volume status and perfusion to determine next appropriate interventions dotphrase: .sepsisperfusionreassessment

***If it will take longer than 45 min to draw STAT blood cultures, notify MD and start antibiotics**
****Lactate level best drawn anytime AFTER fluid bolus completion**
*****Vasopressors can be started in a high-quality PIV until a central line is established**

Important definitions

Systemic Inflammatory Response Syndrome (SIRS): an exaggerated response to a stressor, such as infection.

Sepsis: Sepsis is a suspected or confirmed infection plus SIRS.

Severe Sepsis: Sepsis with at least one new organ dysfunction.

Septic Shock: Life-threatening condition involving overwhelming response to an infection causing persistent hypotension and/or metabolic derangement (lactate > 4).

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For any questions, please contact Sepsis Team Lead, Tami Garcia, at tlgarcia@med.umich.edu

SPOT SEPSIS
Act fast.

COULD THIS BE SEVERE SEPSIS?

STOP SEPSIS
Save lives.

Suspected or confirmed infection with SIRS* criteria:

- HR > 90
- Temp < 96.8F (36 C) or > 100.4F (38C)
- RR > 20
- WBC < 4k or > 12k

***Certain conditions (e.g. immunosuppression) and medications can mask a SIRS response**

PLUS at least one of the following:

Signs of organ dysfunction:

- **CNS:** New change in mental status (lethargy, confusion, altered from baseline)
- **Metabolic:** Lactate > 2
- **Cardiovascular:** SBP < 90 or 40 mmHg decrease from baseline or MAP < 65
- **Respiratory:** SaO2 < 90% or increased O2 requirements
- **Renal:** Creatinine > 2 or > 0.5 mg/dl from baseline
  or urine output < 0.5ml/kg/hr x 2 hrs
- **Hepatic:** Total bilirubin > 2
- **Hematological:** Platelets < 100,000 or INR > 1.5

COULD THIS BE SEPTIC SHOCK?

Infection with organ dysfunction
PLUS
Lactate > 4 and / OR persistent hypotension after 30 ml/kg fluid bolus

If you suspect patient is at risk for severe sepsis or septic shock, please begin Severe Sepsis Checklist

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