Criteria

SIRS (>2):

T >100.4/<95.0 HR >90

RR >20 or PaCO2 <32

WBC >12/<4 or Bands >10%

Sepsis: SIRS + Infection

Severe Sepsis (>1 org dysf):

SBP <90/decrease by >40 or MAP <65

Cr >2.0 or UO <0.5 mL/kg/hr x2hr

Platelets <100,000

INR >1.5 or PTT >60

Lactate >2

Septic Shock: Severe Sepsis + Refractory Hypotension

Persistent tiss hypoperfusion after fluid resusc

SBP <90/decrease by >40 or MAP <65

Lactate >4

MODS: >1 End-organ dysfunction

Phases of Septic Shock

Early / Hyperdynamic Phase

hypotension, tachycardia, tachypnea, Θ/↑ CO, ↓SVR, bounding pulse

warm, well perfused extremities but ↓visceral flow

flushed, moist skin

Late / Hypodynamic Phase

hypotension, tachycardia, tachypnea, narrow thready pulse, vasoconstriction, CO declines

cold, poorly perfused extremities

pale, dry skin

Sepsis Bundles

Within first 3 hours:

O2 support. IV access x2 (large bore).

Measure lactate level

Obtain blood cultures x2 prior to abx adm

Adm broad spectrum abx (w/in 3 hr of ER adm or w/in 1 hr of adm to hospital unit)

Adm 30 mL/kg crystalloid for hypotension or lactate >4

Within first 6 hours:

Draw 2nd lactate level if initial lactate >2

Measure CVP or ScvO2 for refractory art hypotension or initial lactate >4. Maintain CVP >8 & Scvo2 >70.

Add vasopressors for persistent hypotension following fluid resusc. Maintain MAP >65.

Persistent shock- Consider adding Vasopressin 0.04 units/min.

Within 24 hours from severe sepsis dx:

Lung protective ventilation- Maintain insp plateau pressures <300 cmH2O for vent pts. Avoid tidal volume >6 mL/kg for ARDS pts.

Steroids - Adm low dose steroids for septic shock (hydrocortisone)

Glucose control/Insulin therapy

Nursing DiagnosesAlt

R/F infection: superinfection

R/F fluid volume deficit

Altered tissue perfusion

Hyperthermia

Impaired gas exchange

Fear/anxiety

Knowledge deficit

Medications

Glycemic control - IV regular insulin to maintain blood glucose <180 (goal <150)

VTE prophylaxis - Adm low-dose UFH/LMWH

Stress ulcer prophylaxis - PPI or H2 rec antag

Vasoactive Meds:

Norepinephrine 2-20 mcg/min; titrate q5min

Dopamine 5-20 mcg/kg/min

Dobutamine 2.5-20 mcg/kg/min

Vasopressin 0.4 units/min

Vent Meds:

Propofol 5-10 mcg/kg/min; max 50 mcg

Midazolam 1-2 mg/h; max 0.3 mg/kg/hr

Lorazepam 1-2 mg/h; max 10 mg/hr

Morphine 1-2 mg/h; max 0.3 mg/kg/hr

Fentanyl 50-100 mcg/hr; max 3 mcg/k/min

Nursing Care

Client-family education

Enteral feeding

Urinary catheter

Strict aseptic technique

Consider ECHO, EKG, Troponin levels

Assess fluid & perfusion status frequently.

Monitor coagulation studies (PT, PTT, INR, fibrinogen, FDP, platelets). Adm platelets if counts <5.

Monitor H/H. Assess for signs of bleeding. Adm PRBCs if Hgb <7.

Monitor VS, hemodynamics, EKG closely. Adm anti-arrhythmic as needed. VS q5m during titration.

Monitor temp. Fever reduction as needed. Assess & maintain skin integrity.

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