**Severe Sepsis**

Per the Sepsis Core Measure, Severe Sepsis presentation time occurs when all three of the following criteria are met within 6 hours of each other:

1. Documentation of a possible or suspected source of clinical infection by a physician/PA/NP

2. Two or more manifestations of systemic infection according to the SIRS Criteria, which are:
   - Temp > 100.9°F or < 96.8°F
   - HR > 90
   - Resp Rate > 20/min
   - WBC > 12,000 or < 4,000 or 10 % bands

3. Organ dysfunction, evidenced by **any one** of the following:
   - SBP < 90, or MAP < 65, or a SBP decrease of more than 40 points
   - Acute Respiratory Failure with new need for mechanical ventilation
   - Creatinine > 2, or urine output < 0.5 ml/kg/hour for 2 hours
   - Bilirubin > 2 mg/dL
   - Platelets < 100,000
   - INR > 1.5 or a PTT > 60 sec
   - Lactate > 2 mmol/L

**OR** if the above are not met but there is physician/PA/NP documentation of severe sepsis, r/o severe sepsis, or possible severs sepsis.

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**Septic Shock**

Per the Sepsis Core Measure, Septic Shock presentation time occurs when Severe Sepsis criteria is met **AND**

- Tissue hypo-perfusion persists in the hour after crystalloid fluid administration, evidenced by either:
  - SBP<90, or
  - Mean arterial pressure < 65 or
  - A decrease in SBP by > 40 points from the last previously recorded SBP considered normal for the patient

**OR**

- Lactate level is > 4 mmol/L

**OR** if criteria for septic shock are not met, but there is physician/PA/NP documentation of septic shock or suspected septic shock.

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**Treatments**

PLEAS USE SEPSIS ORDER SET (2037)

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**Initial Hypotension:**

Two BP readings of SBP < 90, or MAP < 65 within 6 hours prior to or 6 hrs. following severe sepsis presentation

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**Persistent Hypotension:**

In the one hour following administration of crystalloid fluids, two BP readings of either: SBP < 90 or MAP < 65
SEPSIS AWARENESS
SAVES LIVES!
AN INFECTION, UNNOTICED, TURNS UNSTOPPABLE

If you suspect sepsis notify physician and suggest initiation of the Sepsis Order Set (2037)

- Lactate Lab *(in this order set only)* is built to repeat in 4 hours if Initial Lactate > 2 *(No need to order separate repeat lactate)*
- IV fluids default to 30 ml/kg bolus dose
- Antibiotic selections available for known or unknown sources

Sepsis Early Management Bundle

Within 3 hours of Severe Sepsis/Septic Shock Presentation:

1. Initial Lactate Level
2. Antibiotics – If more than one ordered administer Vancomycin last
3. Blood Culture
4. If Severe Sepsis with Initial Hypotension or Septic Shock – Resuscitation with 30 ml/kg crystalloid fluids started within 3 hours of presentation and completed within 6 hours (may use ideal body weight if provider documents patient is obese).

Within 6 hours:

1. Repeat Lactate if Initial Lactate > 2
2. If Persistent Hypotension – administer vasopressors
3. If Persistent Hypotension or Initial Lactate >= 4 – repeat physical exam documented by the provider.

**Please see Sepsis Tip Sheet on opposite side for more details regarding: Presentation Time, Initial Hypotension, and Persistent Hypotension.

SEP-1 Early Management Bundle Severe Sepsis/Septic Shock – Core Measure (sample); reported to the Ohio Hospital Association and The Joint Commission; bundle of early interventions (3-6 hours)