



Sepsis Thinking Points

SEPSIS CRITERIA; Begin treatment and call a “CODE SEPSIS” if patient has **two** or more of the following:

1. Temp $\geq 100.4^{\circ}\text{F}$ or $\leq 96.8^{\circ}\text{F}$
2. Blood Pressure $\leq 90\text{mmHg}$ or $\text{MAP} \leq 65\text{mmHg}$
3. Heart Rate ≥ 90 BPM
4. Respiratory Rate ≥ 20 BPM
5. ETCO₂ reading of $\leq 35\text{mmHg}$
6. History of present/past infection
7. Serum Lactate ≥ 4 mmol/L (if available)

MAP or Mean Arterial Pressure- The average pressure in the patient’s arteries during one cardiac cycle.

$$\text{SBP} + 2(\text{DBP}) / 3 = \text{MAP}$$

Early Goal Directed Therapy is therapy directed to prevent further organ dysfunction and death.

Individuals with an increased risk for sepsis include the following:

- Elderly: weak immune response and other physiological responses related to decreased mobility
- Newborns, infants and young children
- Patients with indwelling catheters
- Immunocompromised patients such as those on steroids or chemotherapy,
- Malnourished, and certain disease processes such as cancer and HIV/AIDS
- Any individual that has an infection that does not improve

- **Sepsis:** Infection that is documented or suspected, along with the SIRS (See Sepsis Criteria) criteria and/or **altered mental status.**
- **Severe Sepsis:** Sepsis with evidence of end-organ dysfunction, such as hypotension (systolic blood pressure < 90 mmHg), jaundice, hypoxia, elevated lactate or petechiae
- **Septic Shock:** Septic shock is present when hypotension is not responsive to fluid resuscitation, requiring vasopressors *and* clinical evidence indicates inadequate perfusion of major organ systems, with progressive failure of organ system functions (i.e. altered mental status, decreased urine output, etc.)