

SEPSIS IDENTIFICATION & MANAGEMENT

Surviving Sepsis Campaign

www.survivingsepsis.org

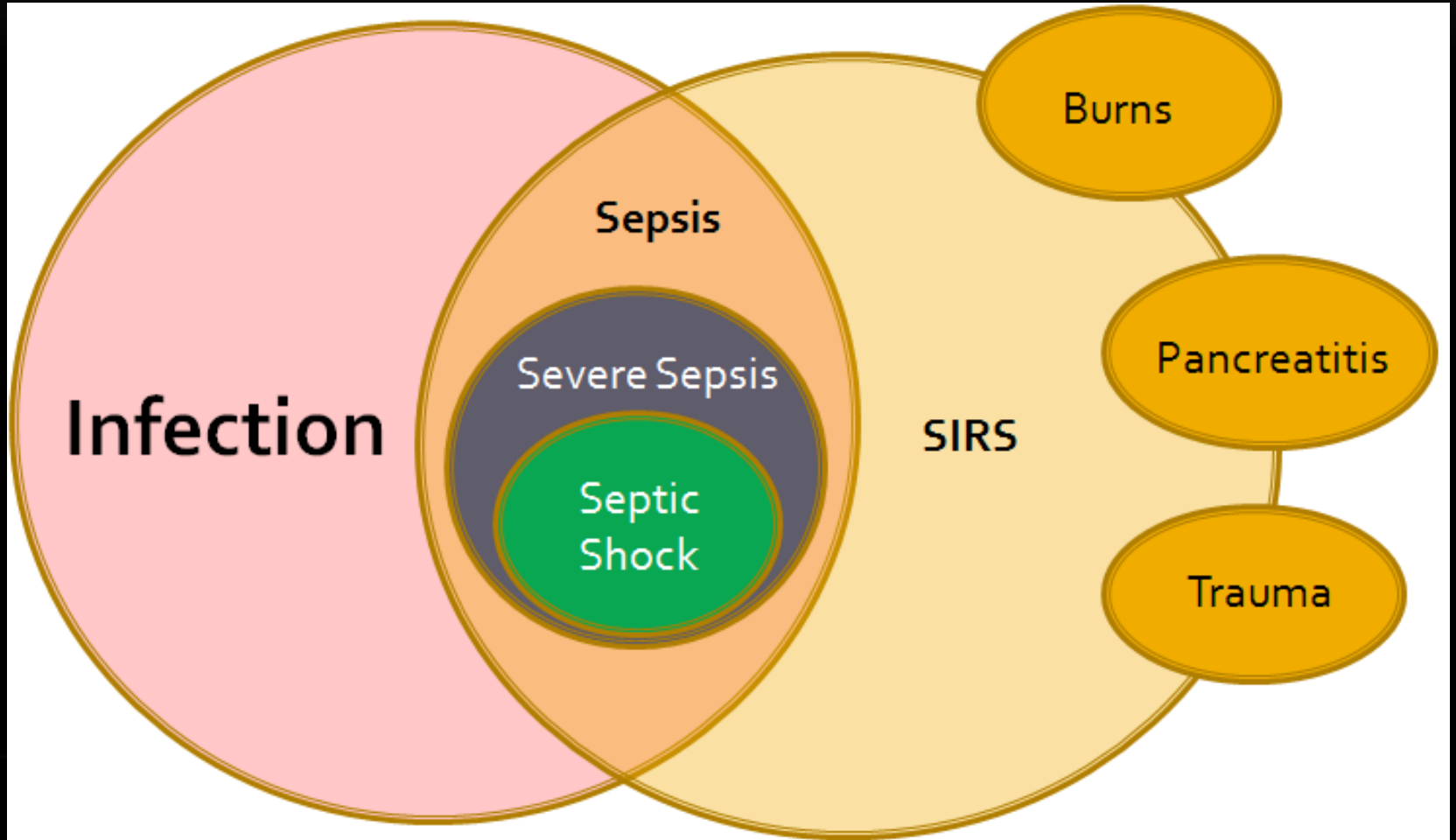
SEPSIS IDENTIFICATION

- With Sepsis there is systemic inflammatory response to an infection
- Systemic Inflammatory Response Syndrome (SIRS) is identified by the following:
 - Temperature >38 C or <36 C
 - Heart Rate >90
 - Respiratory Rate > 20 , or $PCO_2 < 32$
 - WBC >12000 or <4000 or 10% bands
- When 2 or more of the above are found with a source of infection, sepsis is likely

DEFINITIONS

- Systemic Inflammatory Response Syndrome (SIRS)
 - The systemic inflammatory response to various clinical insults, including but not limited to infection
 - Sepsis
 - The systemic response to infection
 - Severe Sepsis
 - Sepsis associated with organ dysfunction, perfusion abnormalities, or hypotension
 - Septic Shock
 - Sepsis with hypotension despite adequate fluid resuscitation
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SEPSIS V. SIRS



SEPSIS MANAGEMENT

- How are we going to manage these patients?
 - Surviving sepsis campaign as put out guidelines for early management
 - Within 3 hours of recognition:
 - Measure lactate levels (normal lactate is $<4\text{mmol/L}$) – This may be done at the sending facility if the patient is being transferred
 - Obtain blood cultures prior to antibiotics – May also be done prior to transfer. Ensure to notify the receiving facility they have been drawn.
 - Administer broad spectrum antibiotics
 - Fluid administration: 30ml/kg of crystalloid for hypotension or lactate level of $>4\text{mmol/L}$

SEPSIS MANAGEMENT

- Surviving Sepsis Campaign Guidelines continued:
 - Within 6 hours of presentation:
 - If hypotension (MAP<65mmHg) persists despite 30ml/kg fluid resuscitation a vasopressor should be administered
 - First line vasopressor recommendation is Norepinephrine to maintain MAP>65mmHg
 - Dopamine as an alternative vasopressor agent to norepinephrine only in highly selected patients (eg - patients with low risk of tachyarrhythmias and absolute or relative bradycardia)
 - Vasopressin can be added to Norepi to assist in raising MAP or decreasing Norepi dosage
 - Additional fluid administration may be needed in some patients
 - May consider administration of albumin with additional IVF