



SEPSIS TIP SHEET

CORE MEASURE DEFINITIONS

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 > 100.9F or < 96.8F
 - 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 severe sepsis.

Treatments

PLEASE USE SEPSIS ORDER SET (2037)

Initial Hypotension:

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

Persistent Hypotension:

In the one hour following administration of crystalloid fluids, two BP readings of either: SBP < 90 or MAP < 65

Septic Shock

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

AND

- a. 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

- b. 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



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)



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