SEPSIS ALERT
Requires 2 of 4 triage criteria in addition to a clinical suspicion of infection
*Note ASAP Exclusion criteria*

ED Tracker alert should prompt ED physician to rapidly assess patient, order SEPSIS BUNDLE and initiate treatment protocol as indicated.

MONITORING GOALS: All SEPSIS Alert patients should be placed on a monitor. Urine output monitored closely, foleys placed as indicated. CVP monitored if SBP <90 or DBP 40 below baseline or MAP <65 following sufficient volume resuscitation. ABG/VBG as clinically warrented.

INITIAL TREATMENT GOALS:
Central line after fluid resuscitation if hemodynamic instability persist, pressor needed or access is an issue.
**Note: Traditional EGDT is encouraged with the caveat that volume status and cardiac function are assessed with Ultrasound prior to or in place of CVP and SaO2 by central line catheter.

DISPOSITION GUIDELINES

PRIMARY GOAL
EARLY IDENTIFICATION AND AGGRESSIVE MANAGEMENT WITH EARLY DISPOSITION

SECONDARY GOAL
VOLUME ASSESSMENT WITH ULTRASOUND. CENTRAL LINE PLACEMENT, CVP, VBGs. IF PRESSORS REQUIRED OR VOLUME STATUS UNCLEAR

SEPSIS TREATMENT PROTOCOL
(NS 20-40cc/kg) over 30min
500cc q30 if CHF
*Cultures and Early Antibiotics (goal <1hr from dx of sepsis)
*Assess volume status & cardiac activity with ultrasound if possible
*Central Line for pressors & access

Shock Resolved
pH> 7.3
Lactate Normal
Urine output >.5cc/kg

Admit SCU:
Persistant Hemodynamic instability
Pressor requirement
Intubated Pending Respiratory failure

Admit IMC:
MAP >65 w/o Pressors
Improving hemodynamic profile
No foreseen respiratory failure

Admit D/C:
Hospital Admission or Consider D/C

PERSISTANT SHOCK
pH<7.3
LACTATE >4
or
Urine output <.5cc/kg

ED TRACKER ALERT
TRANSFER TO A MONITORED TO BED
IF HYPOTENSIVE --> Crit Care Area
PHYSICIAN TO ORDER ED SEPSIS BUNDLE

Monitoring
-Telemetry (Q15-30 BP, MAP)
-Urine output (Foley Q 30min)
-CVP (post 30cc/kg + Hypoten)
-PH (ABG/VBGs)