GUIDELINES FOR CENTRAL LINE PLACEMENT

1)Clinical suspicion for severe sepsis and or septic shock *Plus*

Persistent hemodynamic instability after 30cc/kg IVF (less if low EF)

And/Or

2)Need for Pressors, access or CVP/mixed venous saturation monitoring.

Highly recommended:

**Use of ultrasound prior to or in place of central line for hemodynamic assessment when possible.*

**Placement in intubated patients*

**Use of ultra sound for guidance*

***Sterile precautions and central line bundles should be used for all non-code placements.*

GUIDELINES FOR CVP MONITORING

1) Clinical suspicion for severe sepsis and or septic shock

Plus

Persistent hemodynamic instability after adequate IV hydration

And/Or

2)Need for Pressors

Caveats:

**Assessment of volume status and cardiac function with ultrasound should be routine and may replace need for central line use for this indication.*

**Patients with low EF may need CVP prior to significant fluid challenges*

**ICU Dispo should not be delayed for CVP monitoring*

GUIDELINES FOR USE OF PRESSORS

First line recommendation:

Norepi(Levophed) 2-20 mcg/min (max 30mcg/min)

Dopamine 5-20 mcg/kg/min (max 30mcg/min)

Second line:

Vasopressin 0.01-0.04 units/min (max 0.1 units/min)

Epinephrine 2-10 mcg/min (max 27mcg/min)

Phenylephrine (Neo) 20-200 mcg/min (max600mcg/min)

Dobutamine 2.5-20 mcg/kg/min

**Max doses generally not recommended*