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 ultrasound 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 (max 600mcg/min)
Dobutamine 2.5-20 mcg/kg/min

* Max doses generally not recommended