

Adult Sepsis Criteria	
<b>SIRS</b>	<ul style="list-style-type: none"> <li>● Temperature &gt; 38.3 C or &lt; 36.0 C</li> <li>● Heart rate (pulse) &gt; 90</li> <li>● Respiration &gt; 20 per minute</li> <li>● White blood cell count &gt; 12,000 or &lt; 4,000 or &gt; 10% bands</li> </ul>
<b>Sepsis</b>	<ul style="list-style-type: none"> <li>● Known or suspected infection <b>PLUS</b> two or more SIRS criteria</li> </ul>
<b>Severe Sepsis</b> Sepsis <b>PLUS</b> New Organ Failure	<p><b>Organ Failure Criteria:</b></p> <ul style="list-style-type: none"> <li>● SBP &lt; 90, or MAP &lt; 65, or a SBP decrease of more than 40 New mmHg from the last previously recorded SBP considered normal for that specific patient</li> <li>● Acute respiratory failure as evidenced by a new need for invasive (e.g., intubation) or non-invasive (e.g., BIPAP) mechanical ventilation.</li> <li>● Creatinine &gt; 2.0, or urine output &lt; 0.5 mL/kg/hour for 2 hours (unrelated to known renal dysfunction)</li> <li>● Bilirubin &gt; 2 mg/dL (34.2 mmol/L)</li> <li>● Platelet count &lt; 100,000</li> <li>● INR &gt; 1.5 or aPTT &gt; 60 sec (unrelated to anticoagulant therapy)</li> <li>● Lactate &gt; 2 mmol/L (18.0 mg/dL)</li> </ul>
<b>Septic Shock</b>	<ul style="list-style-type: none"> <li>● Severe Sepsis PLUS hypotension (SBP &lt;90 or MAP &lt;65) despite 30mL/kg fluid bolus</li> <li><b>AND / OR</b></li> <li>● Lactate &gt; / = 4mmol/L</li> </ul>

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## Core Measure Sepsis Bundle

### TO BE COMPLETED WITHIN 3 HOURS of Severe Sepsis Presentation

**\*\*severe sepsis presentation begins at the moment the last of the clinical criteria for severe sepsis are met or physician documentation of Severe Sepsis or Septic Shock\*\***

1. Measure lactate level
2. Obtain blood cultures prior to antibiotics
3. Administer appropriate broad spectrum antibiotics
4. Administer 30mL / kg crystalloid fluid if the patient has hypotension (SBP <90 or MAP <65) or lactic acid is  $\geq$  4mmol/L

### TO BE COMPLETED WITHIN 6 HOURS

5. Apply vasopressors (for hypotension that does not respond to initial 30mL/kg fluid resuscitation) to maintain MAP >65
6. Re-measure lactate if initial lactate  $>2$
7. If hypotension persists after initial fluid resuscitation OR if initial lactate was  $\geq$  4mmol/L, physician/APN/PA must reassess volume status and tissue perfusion (see below)

### PHYSICIAN / APN / PA documentation of Volume Status and Tissue perfusion reassessment:

- A focused exam including **ALL** of the following:
  - o Vital signs (must include actual values for temperature, pulse, respirations, and systolic / diastolic BP reading) , **AND**
  - o Cardiopulmonary exam (must include reference to both the heart and lungs and the findings for each [e.g., "Lungs clear, heart RRR"]), **AND**
  - o Capillary refill evaluation, **AND**
  - o Peripheral pulse evaluation (may include reference to either radial, dorsalis pedis, or posterior tibialis), **AND**
  - o Skin examination (must include reference to color!)

**OR**

- Any **two** of the following four:
  - o Central venous pressure measurement
  - o Central venous oxygen measurement
  - o Bedside Cardiovascular Ultrasound
  - o Passive Leg Raise or Fluid Challenge

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