ACT FAST!

Early detection of SEPSIS requires fast action — like a STEMI or Stroke

IF patient has suspected infection AND two or more:

- Temperature > 100° F or < 96.8° F
- Pulse > 100
- SBP < 100 mmHg or > 40 mmHg from baseline
- Respiratory rate > 20 / SpO2 < 90%
- Altered mental status

Plan for:

- Cardiac monitor
- BP, MAP, HR, resp rate q15 and temp hrly until stable
- Continuous oximetry
- Oxygen to maintain SpO2 > 90
- Establish at least one large bore IV line
- Obtain BC, UA/UC, CBC w/diff, lactate

Anticipate ICU admission or transfer if:

- Lactate > 4 mmol/mL
  OR
- Unresponsive to 30 ml/kg fluid (no increase in UOP or BP)
  OR
- Two or more signs or symptoms organ dysfunction:
  - Respiratory: SaO2 < 90% OR increasing 02 requirements
  - Cardiovascular: SBP < 90 mmHg OR 40 mmHg less than baseline or MAP < 65 mmHg
  - Renal: urine output < 30 ml/hr, creatinine increase > 0.5 mg/dl from baseline or ≥ 2.0 mg/dl
  - CNS: Altered mental status, GCS ≤ 12
  - Hematologic: platelets < 100,000, INR >1.5, PTT > 60 secs
  - Hepatic: Serum total bilirubin ≥ 4 mg/dl or plasma total bilirubin > 2.0 mg/dl or 35 mmol/L
  - Hypotension (SBP < 90 mm Hg, MAP < 70, or SBP decreases > 40 mm Hg)

  OR
- Progression of symptoms despite treatment

"Every hour a patient in septic shock doesn't receive antibiotics, the risk of death increases 7.6%"

Activate Rapid Response Team!

Is the patient's temperature *above* 100?

Is the patient's heart rate *above* 100?

Is the patient's blood pressure *below* 100?

And does the patient just not look right? Screen for sepsis and notify the physician immediately.