Initial Management of the Septic Patient – Step-wise approach

Initial Identification:

2/4 SIRS criteria
+ Evidence of single organ failure and/or
Raised or rising Lactate

- Respiratory rate > 30/min
- Hypoxaemia – PaO2 < 11kPa on FiO2 > 0.4
- Systolic BP < 90mmHg or reduction of > 40mmHg from baseline after 30ml/kg fluid challenge
- Urine output < 0.5ml/kg/hour, Urea > 7
- Platelets < 100,000
- Bilirubin > 40mmol/L
- Severe confusion / change in mental state

Sepsis Resuscitation Bundle – complete within 1st 3hrs:

Appropriate cultures sent + gram stain requested before Abx given

Broad spectrum antibiotics given within 1st hour

If hypotensive and/or lactate > 4mmol/L, give bolus crystalloid 30ml/kg within 1st hour

Septic Shock Bundle – for hypotension unresponsive to fluids or initial lactate > 4mmol/L – complete within 1st 6hrs:

Insert CVC into internal jugular vein

Give IV Fluid boluses (crystalloid ? albumin if [Alb]serum ↓) until CVP > 8mmHg

If required, titrate Noradrenaline to MAP > 65mmHg

Check ScvO2, if < 70% start Dobutamine, consider transfusion to Hb > 10

Following HDU / ITU admission, consider / implement the following:

Hydrocortisone 200-300mg / 24hrs as infusion if Norad requirement > 0.3mcg/kg/min

Glycaemic control – aim to keep serum glucose < 10.1mmol/L

Investigation and treatment for source control completed

Consider early use of vasopressin as adjunct vasopressor to Norad

Keep Hb > 7g/dL, Platelets > 5 x 10^9/L, consider albumin if [Alb]serum low