IF patient has suspected infection AND two or more:

- Temperature $> 100^\circ$ F or $< 96.8^\circ$ 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 $\geq 2.0$ mg/dl
  - CNS: Altered mental status, GCS $\leq 12$
  - Hematologic: platelets $< 100,000$, INR $>1.5$, PTT $> 60$ secs
  - Hepatic: Serum total bilirubin $\geq 4$ 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.