

## SEVERE SEPSIS

### DETECTION (All three criteria are required)

1. Suspected or known infection
2. Two or more of the following:
  - ✓ Temperature  $>38^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ ) or  $<36^{\circ}\text{C}$  ( $96.8$ )
  - ✓ Tachycardia with  $\text{HR}>90$  bpm
  - ✓ Tachypnea with  $\text{RR}>20$  (or  $\text{EtCO}_2<32$ )
3. Evidence of Hypoperfusion as manifested by one of the following:
  - ✓ Systolic BP  $< 90$  mmHg
  - ✓ Mean Arterial Pressure (MAP) $< 65$  mmHg
  - ✓ Altered mental status
  - ✓  $\text{EtCO}_2<25$

### DETECTION

1. Administer oxygen to maintain O<sub>2</sub> saturation above 96%.
2. Initiate ETCO<sub>2</sub> monitoring if available.
3. Establish two large bore IVs. (Consider IO access if necessary)
4. Administer 10 cc/kg IV bolus of LR in 500 cc Increments for normotensive patients and 20 cc/kg IV for hypotensive patients ( $\text{SBP}<90$  or  $\text{MAP}<65$ )
5. Reassess BP and breath sounds after each bolus.
6. If SBP remains  $< 90$  mmHg or MAP  $< 65$  mmHg after 2000 cc of LR, initiate a **norepinephrine** infusion at 2–45 mcg/min or 0.05–2 mcg/kg/min. Not to exceed 45 mcg/min.

### SEPSIS ALERT

Notify the receiving hospital of an incoming “Severe Sepsis” patient.

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\*If **endotracheal intubation** and RSI are required, consider using an alternative to **etomidate** to sedate the patient.