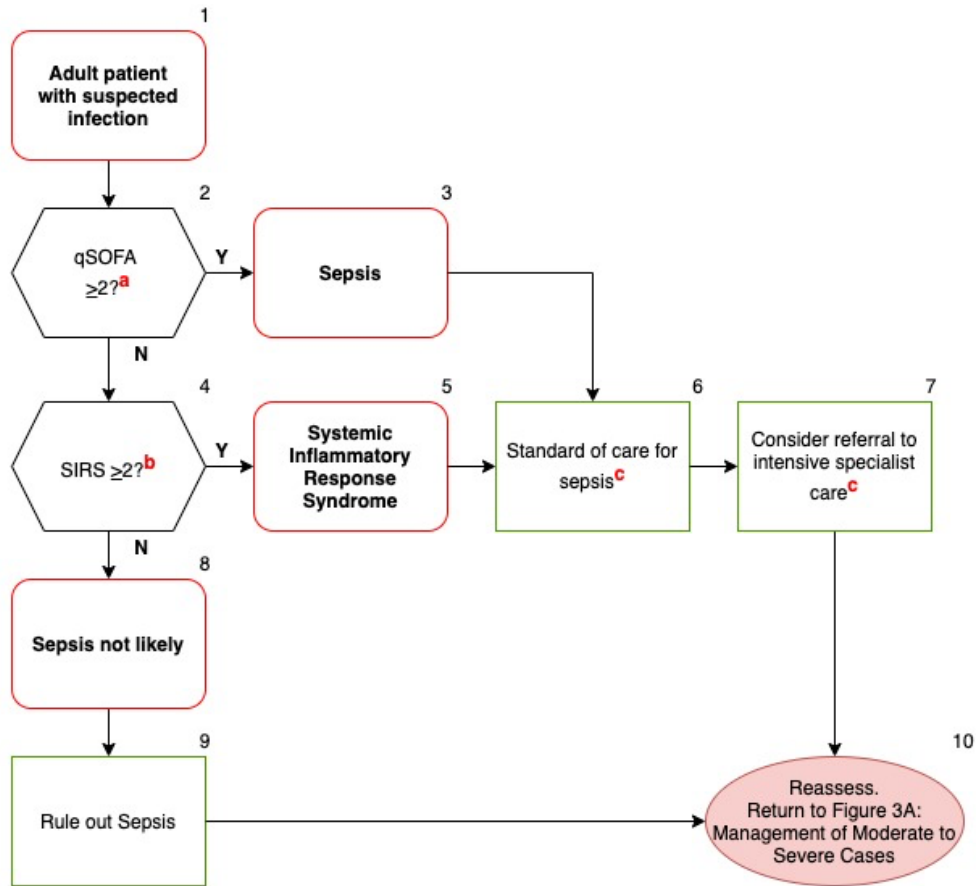


FIGURE 3D. RECOGNITION AND MANAGEMENT OF SEPSIS

NOVEMBER 7, 2020



FOOTNOTES

^aqSOFA Variables

- Respiratory rate >22 breaths/min
- Altered mentation
- Systolic blood pressure ≤100mmHg

^bSystemic Inflammatory Response Syndrome (SIRS) Criteria

1. Temperature >38°C or <36 °C
2. Heart rate >90 beats/min
3. Respiratory rate >20 breaths/min, or paCO₂ <32mmHg
4. WBC count >12,000 or <4,000 cells/mm³, or >20% immature (band) forms

^cStandard of care for sepsis: (Intensive Care for Severe Sepsis and Septic Shock)

- Admit patient to the ICU.
- Give antimicrobials within 1 hour of initial patient assessment. Follow current Guidelines for Diagnosis and Treatment of CAP in Adults.
- Blood cultures ideally should be collected prior to antimicrobial treatment, but should not delay administration of antimicrobials.
- Early effective fluid resuscitation needed
 - Administer at least 30 mL/kg of isotonic crystalloid in adults in the first 3 hours.
 - Monitor for volume overload during resuscitation.
- Apply vasopressors when shock persists in the form of norepinephrine, vasopressin, or dobutamine (if with signs of poor perfusion and cardiac dysfunction).
- Maintain initial BP target as MAP > or = to 65 mmHg.
- Insert central venous catheters. If not available, vasopressors may be given through peripheral IV access with the use of a large vein.