Septic Shock Tipsheet



SEPTIC SHOCK

The criteria for Septic Shock are:

A. Documentation of severe sepsis present.

AND

Persistent Hypotension in the hour after the conclusion of the 30 mL/kg Crystalloid Fluid Administration, evidenced by two consecutive documented recordings of:

- systolic blood pressure (SBP) < 90, or
- mean arterial pressure < 65 or
- a decrease in systolic blood pressure by > 40 mmHg. Physician/APN/PA documentation must be present in the medical record indicating a > 40 mmHg decrease in SBP has occurred and is related to infection, severe sepsis or septic shock and not other causes.

OR

B. Documentation of severe sepsis present

AND

Tissue hypoperfusion is present evidenced by

Initial Lactate Level Result is >= 4 mmol/L

TREATMENTS

Received within 3 hours of Septic Shock presentation:

Resuscitation with 30 ml/kg crystalloid fluids. Calculate the patient weight in kilograms by dividing the weight in pounds by 2.2. Round the weight to the nearest whole number. Next, multiply the weight in kilograms by 30; the result is the number of mL of IV fluids that should be specified.

Received within 6 hours of Septic Shock:

- If Hypotension persists after fluid administration: Administer VASOPRESSORS
- If Hypotension persists after fluid administration or initial lactate >=4 mmol/L: Repeat volume status and tissue perfusion assessment consisting of either:

A focused exam performed by physician/APN/PA:		Any two of the following four:
 Focused Exam includes <u>ALL</u> the following: Vital sign review Cardiopulmonary exam Capillary refill evaluation Peripheral pulse evaluation Skin examination 	OR	 Central venous pressure measurement (CVP or RAP/right atrial pressure) Central venous oxygen measurement (SvO2, ScvO2 or Oxygen saturation via central catheter) Beside Cardiovascular Ultrasound (echo, trans-thoracic echo, TTE, TEE, IVC ultrasound, 2D echo, Doppler echo, Echocardiogram with Doppler, Doppler US of the heart) Passive Leg Raise Exam or Fluid Challenge given

Exceptions:

- Documentation indicating a physician/APN/PA has reviewed, performed, or attested to reviewing or performing the focused exam is
 acceptable. If documented this way, specifically referencing individual portions of the focused exams and their findings are not required.
- Documentation indicating a physician/APN/PA has performed, or attested to performing a physical examination, perfusion (re-perfusion) assessment, or sepsis (severe sepsis or septic shock) focused exam is acceptable. If documented this way, specifically referencing individual portions of the focused exams and their findings are not required.

Vasopressors for Septic Shock	
Generic Name:	Brand Name:
Norepinephrine	Levophed
Epinephrine	Adrenalin
Phenylephrine	Neosynephrine/Vazculep
Dopamine	Inotropin
Vasopressin	Pitressin