

The “Golden” 6 hours for Sepsis Management

	Goal	IF	Then
Step 1: CVP	CVP 8-12	CVP < 4	→ Consider Albumin 5% 250 ml
		CVP < 8	→ Give NS 500 mls over 15 min Repeat until CVP 8-12, continue at 2 ml/kg/hr
		CVP ≥ 12	→ Continue re-evaluation
		Ventilation Intubated/mech	→ Keep CVP 12-16
Step 2: SBP/MAP	SBP 90-140 MAP 65-90	SBP ≤ 90 OR MAP ≤ 65	<ol style="list-style-type: none"> 1. Arterial line placement 2. Norepinephrine 2-20 mcg/min 3. Dopamine 5-20 mcg/kg/min 4. Phenylephrine 40-200 mcg/min 5. Vasopressin 0.01-0.06 units/min 6. Epinephrine 1-10 mcg/min
Step 3: ScvO2	ScvO2 ≥ 70	ScvO2 < 70	Hgb < 10 Transfuse PRBC Hgb ≥ 10 Dobutamine (up to 20mcg/kg/min)
Step 4: Heart Rate	HR ≤ 120	HR ≥ 140	Consider rate control
Goals Achieved	Yes	Re-check every 8 hours X3, then every 24 hours and begin 24-hour bundle indicators.	
	No	Reassess steps 1-4 and consider mechanical ventilation with sedation.	

4/14/2008

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STOP Sepsis Bundle

KEY → Early Recognition

Suspect infection?

SIRS Criteria

Assess for two or more of the following

1. Temp $\geq 38\text{C}$ (100.9F) or $\leq 36\text{C}$ (96.8F)
2. Heart Rate ≥ 90
3. Respiratory rate ≥ 20
or PaCO₂ ≤ 32 mmHg
4. WBC $\geq 12\text{K}$, $\leq 4\text{K}$ or $\geq 10\%$ bands

1. Check Lactate
2. Obtain appropriate cultures
3. Assess for signs of organ dysfunction

Assessment Considerations

1. Lactate ≥ 2.2 mMol
2. SBP ≤ 90
3. ≥ 1 organ dysfunction

Give Broad Spectrum Antibiotics

Initiate Severe Sepsis/Septic Shock Order Set
and transfer to CCU

Central line placement
or PA catheter for CVP/ScvO₂ monitoring
(prefer introducer)

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