Medical Staff Alert

October 2019

CATHOLIC HEALTH

Severe Sepsis and Septic Shock:

Early recognition, treatment and documentation are key:

- Essential to preventing mortality from severe sepsis and septic shock is early recognition
  - **Severe Sepsis is defined as:**
    - Suspected / Confirmed infection in the presence of
      - Two or more of the following:
        - Temp > 38.3C (100.9F) or < 36C (96.9F)
        - HR > 90 /minute
        - RR > 20/minute
        - WBC > 12,000 or <4,000 or >10%bands
      - With documented organ dysfunction as evidenced by:
        - Cardiovascular: Systolic BP < 90 OR MAP <65 OR decrease by > 40mmHg from baseline for patient = (+)Septic Shock
        - Respiratory: New need for mechanical ventilation or BiPAP
        - Renal: Creatinine > 2.0 OR urine output < 0.5mL/kg/hr for 2 hours
        - Hematologic: Platelets < 100,000 OR INR > 1.5 (not on Warfarin) OR aPTT > 60 sec
        - Hepatic: Bilirubin > 2.0
        - Metabolic: Lactate ≥ 2
        - Neurologic: Altered mental status OR decrease LOC OR decrease GCS
  - **Septic Shock is defined as:**
    - Severe Sepsis (+)
    - Hypotension (SBP < 90, MAP < 65) refractory to volume resuscitation
    - OR lactate ≥ 4

Documentation Tips:

- ✓ If Severe Sepsis or Septic Shock are NOT present document the source of infection and treat the infection
- ✓ When severe sepsis and septic shock are present document the following:
  - The clinical signs and symptoms for the diagnosis:
    - i.e. Severe sepsis due to pneumonia with evidence of organ dysfunction supported by altered mental status and decreased urine output