ED CHECKLIST FOR SEPSIS - TO ORGANIZE AND ENHANCE BEDSIDE CARE

1. First 15-30 minutes
   - Screen patient for spot sepsis criteria, Physician decides to call “Code Sepsis”.
   - Establish 2 large bore IV’s, 30CC/kg initial fluid bolos over 30’
   - Sepsis order set/ Draw Labs/ Lactate/ Blood Culture
   - Start antibiotics- use TMC Antimicrobial guidelines for suspected source (see desktop share drive)
   - VS q 15’ report to physician

2. 30 minutes – 3 hours
   - Re-evaluate perfusion and volume status
   - Continue fluid resuscitation as appropriate (make sure patient fluid responsive/not in ARDS)
   - Recheck Lactate at 3 hours (goal >10% clearance)
   - Pressors if MAP <65 despite adequate volume (initiated pressor of choice is norepi
   - Facilitate ICU transfer
   - Accomplish ancillary studies/ review of lab for findings