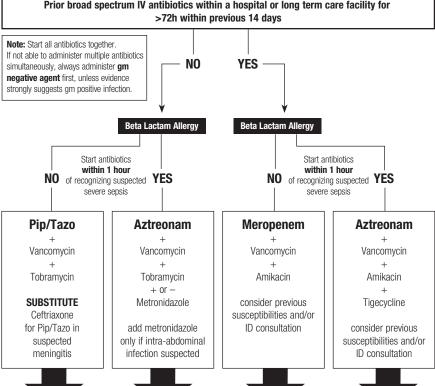


Severe Sepsis **Antimicrobial Guidelines**

February 2012

History of multi-drug resistant gram negative infection/colonization within past 90 days

Prior broad spectrum IV antibiotics within a hospital or long term care facility for >72h within previous 14 days



If intra-abdominal catastrophe (i.e. perforation) is suspected, add anidulafungin. If community acquired or health-care associated pneumonia is suspected, add moxifloxacin.

Things to Remember

- · Check antibiotic compatibilities to see if antibiotics can be administered concurrently
- If antibiotics cannot be administered together due to incompatibility, use second IV line to administer other agents to avoid delay
- If only one IV line available, administer gram negative agent first (piperacillin/tazobactam, aztreonam, or meropenem) unless evidence strongly suggests a gram positive infection



Severe Sepsis Diagnosis and Management Guidelines

February 2012

Suspected infection?

YES

NO

Manage as

Does the patient have 2 or more SIRS criteria?

- Temp > 101°F or < 96.8°F
- HR > 90 BPM
- RR > 20 breaths/min or PaCO₂ < 32 mmHg
- WBC count $> 12,000/\text{mm}^3 \text{ or } < 4,000/\text{mm}^3, \text{ or } > 10\% \text{ bands}$

YES ¬

NO

Initial Management

- Obtain CBC, BMP, PT/INR/PTT, lactate, blood cultures x2, U/A, urine culture. CXR; other tests as indicated
- Give IV 0.9% normal saline bolus (2 L or 20 mL/kg)
- Follow I & Os



Does the patient have any ONE of the following? (Must be new and thought to be due to infection.)

- Hypotension (SBP < 90 mmHg or MAP < 65 mmHg despite initial fluid bolus)
- Lactate > 4 mmol/L
- UOP < 0.5 mL/kg/hr despite initial fluid bolus or creatinine increase > 0.5 mg/dL above baseline
- PaO_2/FiO_2 ratio < 300 or requiring $\ge 4L$ NC O_2 to maintain O_2 sat > 90%
- Platelets < 100.000/mm³ or INR > 1.5 or PTT > 60 sec

YES

MΩ

- · Activate severe sepsis order set
- Start IV antibiotics within 1 hour
- Start vasopressors (preferably norepinephrine) if MAP < 65 mmHg or SBP < 90 mmHg, despite initial fluid bolus
- Place foley catheter and continue fluid resuscitation as indicated
- · Admit/transfer to ICU promptly