ASSESSMENT SCREEN #2 – EVALUATION FOR PRESENCE OF SEVERE SEPSIS
(Complete After Evaluation For Possible Sepsis Physician Order #828)

Are any of the following organ dysfunction criteria present at a site remote from the site of the infection that are not considered to be chronic conditions? (Exception: Bilateral pulmonary infiltrates)

☐ YES  ☐ NO

☐ Systolic blood pressure less than 90 mmHg or mean arterial pressure less than 65 mmHg  
☐ Systolic blood pressure decrease greater than 40 mmHg from baseline  
☐ Bilateral pulmonary infiltrates with a new (or increased) oxygen requirement to maintain SpO₂ greater than 90%  
☐ Bilateral pulmonary infiltrates with PaO₂/FiO₂ ratio less than 300  
☐ Creatinine greater than 2 mg/dL or urine output less than 0.5 ml/kg/hour for more than 2 hours  
☐ Total bilirubin greater than 2 mg/dL  
☐ Platelet count less than 100,000  
☐ Coagulopathy (INR greater than 1.5 or PTT greater than 60 seconds)  
☐ Lactate greater than 2 mmol/L

☐ No boxes are checked. Patient does NOT meet criteria for Severe Sepsis. End Assessment Screen. See Diagnosis-specific orders, (i.e. Pneumonia) and/or Unit-specific orders (i.e. Critical Care Admission)

☐ At least one box is checked. Patient MEETS criteria for SEVERE SEPSIS. Initiate orders below.

TREATMENT:

1. FLUID CHALLENGE: GIVE 0.9% SODIUM CHLORIDE (NORMAL SALINE) BOLUS (30 ML/KG)__________ ML AT A MINIMUM INFUSION RATE OF ONE LITER PER 30 MINUTES. USE PRESSURE BAG IF NEEDED.

2. LABS: (If Not Previously Ordered)
   ☐ Cortisol level  
   ☐ CPK-MB/TNI, BNP  
   ☐ Type and Hold  
   ☐ Other: ____________________________

3. DIAGNOSTICS:
   ☐ ABG  
   ☐ ECG  
   ☐ Other: ____________________________

Continue to Assessment Screen # 3

DATE TIME EVALUATING PHYSICIAN’S SIGNATURE

No boxes are checked. Patient does NOT meet criteria for Severe Sepsis. End Assessment Screen. See Diagnosis-specific orders, (i.e. Pneumonia) and/or Unit-specific orders (i.e. Critical Care Admission)

At least one box is checked. Patient MEETS criteria for SEVERE SEPSIS. Initiate orders below.
ASSESSMENT SCREEN #3 – EVALUATION FOR HEMODYNAMIC MONITORING FOR SEPTIC SHOCK

☐ After fluid challenge systolic blood pressure is less than 90 mmHg or MAP is less than 65 mmHg
☐ If initial lactate is greater than or equal to 4 mmol/L

☐ Neither box is checked. Hemodynamic Monitoring is NOT indicated at this time. Admission to Critical Care for ongoing treatment.

DATE____    TIME____    EVALUATING PHYSICIAN’S SIGNATURE________________________________________

☐ One or both boxes above are checked. Admission to Critical Care and initiate orders below.

TREATMENT:

1. HEMODYNAMIC MANAGEMENT:
   ☑ Place central line (PreSep if available). Obtain and document ScVO₂.
   Initiate and follow Early Goal Directed Therapy (EGDT) Protocol.
   ☑ Send mixed venous blood sample from central line distal port for an ABG (if PreSep not available).
   Notify MD if ScVO₂ less than 70% or greater than 80%.

2. ADRENAL COVERAGE: May be indicated if patient requires vasopressors OR patient steroid dependent. Administer AFTER cortisol level drawn.
   ☐ Hydrocortisone 50 mg IV every 6 hours
   ☐ Other: ________________________________

Physician initial:__________________________

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Franciscan Health System
St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

PHYSICIAN ORDERS
SEPSIS

PATIENT INFORMATION
# Early Goal Directed Therapy (EGDT) Protocol
(ED and ICU ONLY)

**Instructions:** The RN is to start at step 1 and progress **stepwise** through each successive step through step 6. If the condition on the left hand column applies, then carry out the order/orders listed to the immediate right. If the condition on the left does not apply, simply go on to the next sequential step. Note that each step may be modified by the provider to match the clinical scenario.

*NOTE: ScVO2 values can be obtained via PreSep, PICC, or TLC; SvO2 values can be obtained from PA catheters only.*

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**DOCUMENT ScVO2 (SvO2 ≥ 65%) EVERY HOUR UNTIL**

**GOAL ScVO2 ≥ 70 (SvO2 ≥ 65) WITHIN FIRST 6 HOURS FROM PRESENTATION**

<table>
<thead>
<tr>
<th>1st Hour</th>
<th>2nd Hour</th>
<th>3rd Hour</th>
<th>4th Hour</th>
<th>5th Hour</th>
<th>6th Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>ScVO2* %</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

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**Document liters of fluid given:**

1. If systolic blood pressure is less than 90 mmHg, begin **Norepinephrine (Levophed)**

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2. If systolic blood pressure is less than 90 mmHg **despite** ongoing fluid resuscitation ...

3. If unable to maintain systolic blood pressure greater than 90 mmHg, begin **Norepinephrine (Levophed)** infusion at 2 mcg/minute and titrate (up to 30 mcg/minute) as needed to maintain systolic blood pressure greater than 90 mmHg (MAP greater than 65 mmHg). Consider IV steroids if not already ordered.

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4. If the mixed venous oxygen saturation (ScVO2) is less than 70% **despite** above therapy ...

5. If the ScVO2 remains below 70% **despite** above therapy and systolic blood pressure greater than 90 mmHg (MAP greater than 65 mmHg) ...

6. If the mixed venous oxygen saturation (ScVO2) remains below 70% **despite** above therapy, check the patient’s hematocrit (Hct). If Hct less than 30% then ...

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**NOTE:** These orders are to be reviewed by the attending physician and any changes or additions are to be written on a separate physician order set/sheet.

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**DATE**

**TIME**

**PHYSICIAN’S SIGNATURE**

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Another brand of drug, identical in form and content, may be dispensed unless checked. ☑