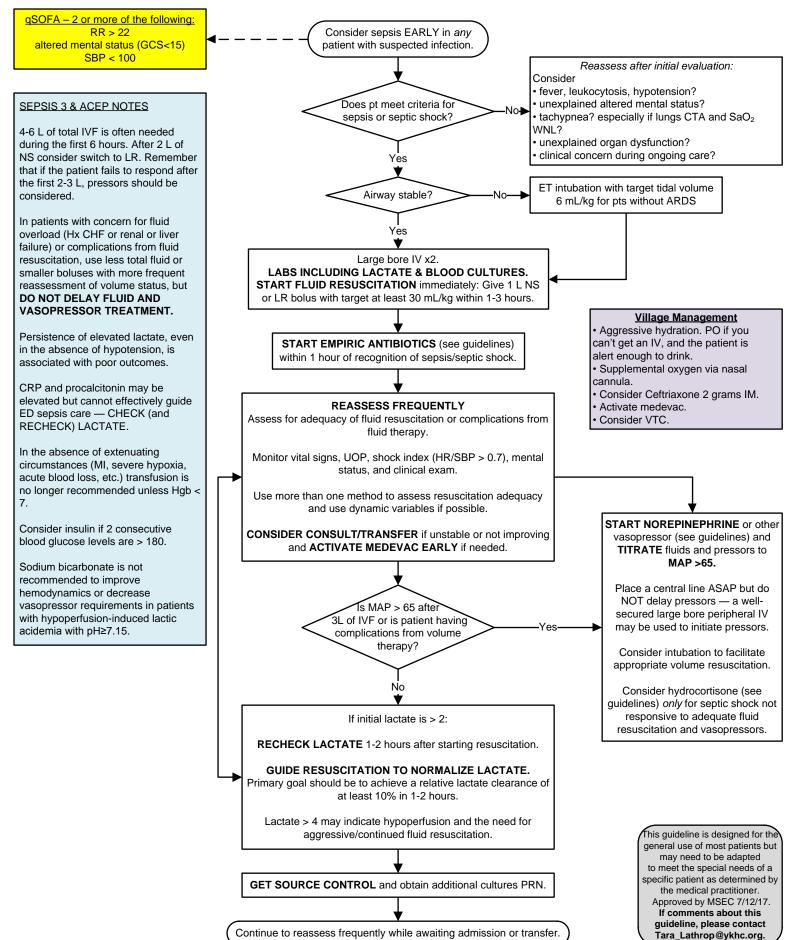


Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Sepsis (Adult)

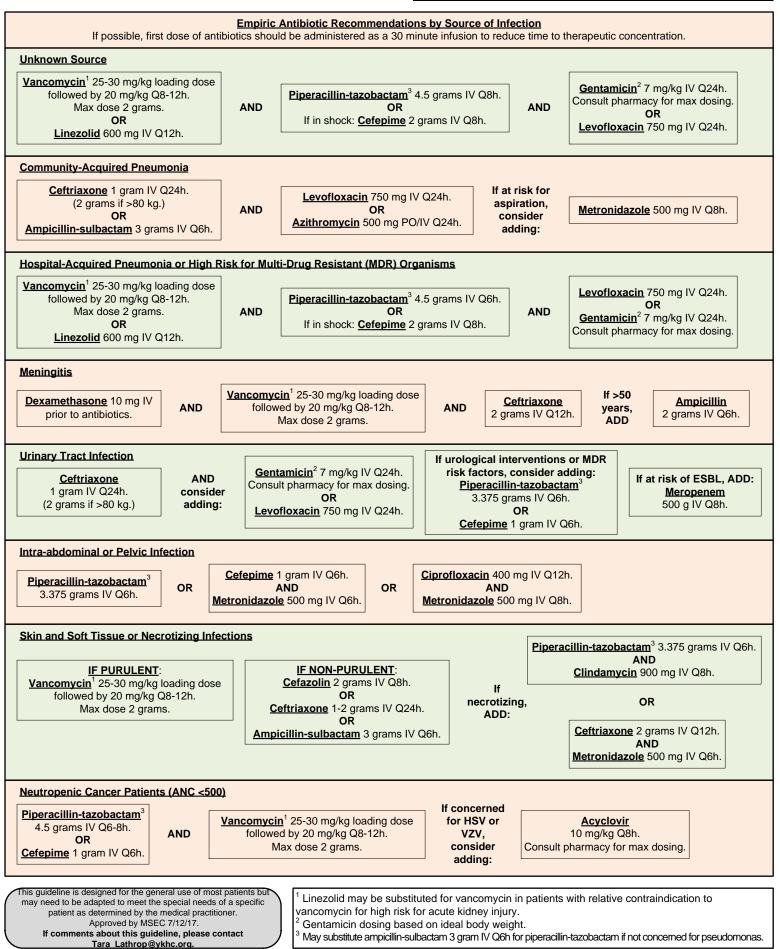




Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Sepsis Antibiotics (Adult)





Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Sepsis Vasoactive Medications (Adult)

Vasopressors	
All vasoactive medications should be infused via central line with the kg/minute.	exception of dopamine, which can be infused via a peripheral IV at rates less than 10 mcg/
Norepinephrine 8-12 mcg/min IV initial infusion rate.	First-line vasopressor of choice in sepsis.
Epinephrine 1-10 mcg/min initially, titrated to effect.	May be added or used in place of norepinephrine to maintain adequate BP.
Dopamine 2-20 mcg/kg/min.	Second-line option in highly select patients as it causes more tachycardia.
 Phenylephrine 100-180 mcg/min IV initial infusion until stabilized. Titrate to goal of 60-200 mcg/min. (Max dose range 80-360 mcg/min.) 	Can be used as salvage therapy for refractive hypotension associated with tachycardia.
• Vasopressin 0.03-0.04 units/min.	May be added to norepinephrine to increase MAP or decrease norepinephrine dose. DO NOT use as a single agent.
Dobutamine 2-20 mcg/kg/min IV infusion.	May be used for inoptropic support in the presence of severe myocardial dysfunction or hypoperfusion with depressed cardiac output.

Corticosteroids

Corticosteroids should NOT be administered for the treatment of sepsis in the absence of shock. Steroids are beneficial in those experiencing adrenal insufficiency in the presence of septic shot; however ACTH testing is not routinely recommended in adult patients. If hemodynamic stability is not achieved after adequate fluid resuscitation and vasopressor therapy, the use of IV hydrocortisone alone at a dose of 200 mg/day can be considered regardless of adrenal insufficiency status. Hydrocortisone should be tapered when vasopressors are no longer required.

