



qSOFA – 2 or more of the following:

RR > 22  
altered mental status (GCS < 15)  
SBP < 100

### SEPSIS 3 & ACEP NOTES

4-6 L of total IVF is often needed during the first 6 hours. After 2 L of NS consider switch to LR. Remember that if the patient fails to respond after the first 2-3 L, pressors should be considered.

In patients with concern for fluid overload (Hx CHF or renal or liver failure) or complications from fluid resuscitation, use less total fluid or smaller boluses with more frequent reassessment of volume status, but **DO NOT DELAY FLUID AND VASOPRESSOR TREATMENT.**

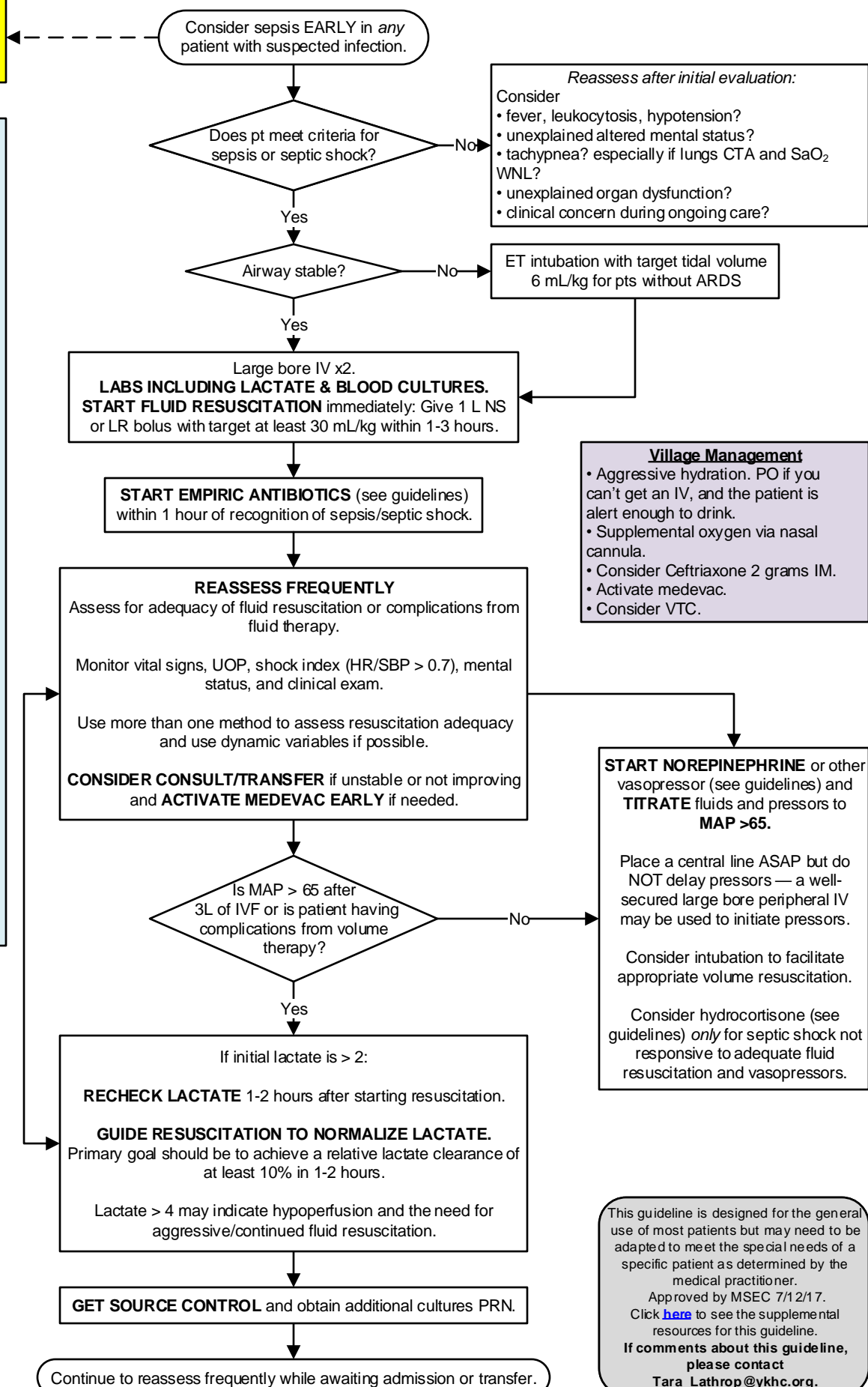
Persistence of elevated lactate, even in the absence of hypotension, is associated with poor outcomes.

CRP and procalcitonin may be elevated but cannot effectively guide ED sepsis care — CHECK (and RECHECK) LACTATE.

In the absence of extenuating circumstances (MI, severe hypoxia, acute blood loss, etc.) transfusion is no longer recommended unless Hgb < 7.

Consider insulin if 2 consecutive blood glucose levels are > 180.

Sodium bicarbonate is not recommended to improve hemodynamics or decrease vasopressor requirements in patients with hypoperfusion-induced lactic acidemia with pH ≥ 7.15.



This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by MSEC 7/12/17.

Click [here](#) to see the supplemental resources for this guideline.

If comments about this guideline, please contact

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