According to the Surviving Sepsis Guidelines, a **sepsis diagnosis** requires the presence of infection, which can be proven or suspected, and 2 or more of the following criteria:

(<https://pulmccm.org/review-articles/surviving-sepsis-guidelines-criteria-diagnosis-sepsis/>)

* Hypotension (systolic blood pressure < 90 mm Hg or fallen by >40 from baseline,
* mean arterial pressure < 70 mm Hg)
* Lactate > 1 mmol/L
* Mottled skin
* Decreased capillary refill of nail beds or skin
* Fever > 38.3 degrees C, or 101 degrees F
* Hypothermia < 36 degrees C core temperature (<96.8 degrees F)
* Heart rate > 90
* Tachypnea
* Change in mental status
* Significant edema or positive fluid balance (>20 mL/kg over 24 hours)
* Hyperglycemia (>140 mg/dL) in someone without diabetes
* White blood cell count > 12,000 or less than 4,000, or with >10% "bands" (immature forms)
* Elevated C-reactive protein in serum (according to your lab's cutoffs)
* Elevated procalcitonin in serum (according to your lab)
* Arterial hypoxemia (paO2 / FiO2 < 300)
* Acute drop in urine output (<0.5 ml/kg/hr for at least 2 hours despite fluid resuscitation, or about 35 ml/hour for a 70 kg person)
* Creatinine increase > 0.5 mg/dL
* INR > 1.5 or aPTT > 60 seconds
* Absent bowel sounds (ileus)
* Platelet count < 100,000
* High bilirubin (total bilirubin > 4 mg/dL