

Sepsis & Septic Shock Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

See 26. Sepsis & Septic Shock Diagnostic Criteria

TO BE COMPLETED WITHIN 1 HOUR OF IDENTIFICATION OF SEPSIS/SEPTIC SHOCK

- Monitor, support ABCs
- Check vital signs (BP, PR, RR, SPO₂, T° C, **RBS**)
- Start Oxygen IF SPO₂ < 94%. Maintain SPO₂ ≥ 94%
- Establish IV Access and send samples for **FBC, MPS, LFTs, UEC**
- Perform brief, targeted history, physical exam
- Obtaining appropriate cultures before antimicrobial therapy is initiated if such cultures do not cause significant delay in the start of antimicrobial(s). Draw **2 sets of blood cultures 10mL each** (both **aerobic and anaerobic bottles**) from **different sites**.
- **Administer 30ml/kg NS or RL for Hypotension**
- **Give ANTIBIOTICS**
 - Ceftriaxone 2gm IV stat
 - For probable **Neutropenic** patients or if patient has been **admitted in hospital** in the **last 3 months** (Hospital Acquired Infection)
 - Imipenem 500 mg IV infusion over 3 hrs then QID for **general sepsis**
 - OR
 - Meropenem 1gm IV infusion over 3 hrs then TDS for possible **CNS infections**
- Give antipyretic if indicated (Paracetamol 1gm IV)
- CXR; Urinalysis + MCS; ? Stool MCS; ? CSF MCS
- **Monitor urine output hourly**

Repeat vital signs (BP, MAP, PR, RR, SPO₂, T°C) after 1 hour

Features of **SHOCK** despite adequate fluid resuscitation (> 30ml/kg)?

- MAP < 65mmHg
- Signs of Shock (tachypnoea, cool clammy skin, cool peripheries, hypotensive, tachycardia)
- Urine output < 0.5mL/kg/hour

Yes

No

SEPTIC SHOCK

- Consult a **Physician** and continue with the algorithm
- Start **peripheral vasopressors** if MAP < 65mmHg in the face of life-threatening hypotension, even when hypovolemia has not yet been resolved - **Norepinephrine** (0.1–1.3 µg/kg/min) and/or **Adrenaline** (0.05–0.3µg/kg/min). Titrate vasopressors to a MAP ≥ 65 mmHg to preserve tissue perfusion.

Consult a **Physician**
Consider Admission

Hemodynamic stability achieved with **adequate fluid resuscitation (> 30ml/kg)** and **vasopressor therapy**?

- MAP < 65mmHg
- Signs of shock as above
- Urine output < 0.5mL/kg/hour

Yes

Admit HDU/ICU

No

Give **Hydrocortisone 200mg IV**

Admit HDU/ICU