BSUH NHS Trust Guidelines for Management of Severe Sepsis/Septic Shock

**Initial Resuscitation**
**Target (First 6 hrs)**
- CVP: 8-12 mmHg
- MAP: ≥ 65 mmHg
- Urine output: ≥ 0.5 ml/kg/hour
- Scv02: ≥ 70% or mixed venous ≥ 65%

Obtain blood cultures 2 or more from percutaneous and vascular device.

Obtain cultures from other sites, CSF, respiratory secretions, urine, wounds and other body fluids.

**Antibiotic Therapy**
Begin IV antibiotic within first hour of recognition of sepsis and septic shock.
(See Trust Antibiotic policy) prescribe on ‘STAT’ area of drug chart

**Fluid Therapy**
Give 20 ml/kg (1500-2000ml) bolus.
Saline/Hartmann’s or colloid.
Target CVP ≥ 8 mmhg (≥ 12 mmhg if mechanically ventilated).

**Vasopressor**
Start Norepinephrine centrally as initial vasopressor. Use Epinephrine as alternative when BP is unresponsive to norepinephrine.

**Mechanical Ventilation of Sepsis Induced ARDS**
Maintain TV 6ml/kg of lean bodyweight, inspiratory plateau pressures ≤ 30cmH₂O.
Head of bed raised 30° - 45°.
Follow sedation protocol.

**Inotropic Therapy**
Consider Dobutamine in patient with low cardiac output despite fluid resuscitation.

**Steroids - ICU only**
Consider Hydrocortisone ≤ 300mg/day if still hypotensive and unresponsive to vasopressors.

**Recombinant Human Activated ProteinC - ICU only**
Consider in line with local Critical Care policy. Recommended in patient with two organ failure

**Blood Product**
Transfuse if Hb < 7.0 g/dl. Target Hb 7-9 g/dl in adults.

**Glucose Control**
Maintain blood glucose ≤ 8.3 mmol/L. (150mg/dl) Use IV insulin to control hyperglycemia. Follow protocol for dose adjustment.

**DVT Prophylaxis**
Use low dose unfractionated or low molecular weight heparin.

**Stress Ulcer Prophylaxis**
Use H2 blocker or proton pump inhibitor.

Adapted from national Surviving Sepsis campaign 2008

Feb 2009