TO BE COMPLETED WITHIN 3 HOURS:

1) Measure lactate level.

2) Obtain blood cultures prior to administration of antibiotics.

3) Administer broad spectrum antibiotics.

4) Administer 30 ml/kg crystalloid for hypotension or lactate ≥4 mmol/L.

“Time of presentation” is defined as the time of triage in the emergency department or, if presenting from another care venue, from the earliest chart annotation consistent with all elements of severe sepsis or septic shock ascertained through chart review.

TO BE COMPLETED WITHIN 6 HOURS:

5) Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥65 mm Hg.

6) In the event of persistent hypotension after initial fluid administration (MAP < 65 mm Hg) or if initial lactate was ≥4 mmol/L, re-assess volume status and tissue perfusion and document findings according to Table 1.

7. Re-measure lactate if initial lactate elevated.
TABLE 1
DOCUMENT REASSESSMENT OF VOLUME STATUS AND TISSUE PERFUSION WITH:

EITHER:
- Repeat focused exam (after initial fluid resuscitation) including vital signs, cardiopulmonary, capillary refill, pulse, and skin findings.

OR TWO OF THE FOLLOWING:
- Measure CVP.
- Measure ScvO².
- Perform bedside cardiovascular ultrasound.
- Perform dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge.

©2016 Society of Critical Care Medicine, European Society of Intensive Care Medicine. www.survivingsepsis.org