

Stop Sepsis Bundle Guidelines

Strategies to Timely Obviate the Progression of Sepsis— UMDNJ University Hospital

Early Recognition of Sepsis

If 2 or more of the following criteria:

T > 38.3C / 100.9F or < 36C / 96.8

Heart Rate > 90

Respiratory Rate > 24 or PaCO₂ < 32

WBC > 12K or < 4K or > 10% bands

YES →

Is there suspected Infection

Plus

Lactate ≥ 4

OR

SBP ≤ 90

OR

at least 1 sign of organ dysfunction

Early Goal Directed Therapy

- Initiate Sepsis Orders and Call ICU
- Consent patient for HIV test
- Place Central Line in IJ or SC for CVP and ScVO₂ monitoring within 2 hours
- Administer Supplemental O₂ or Mechanical Ventilation; Place foley with temp sensor
- Initiate Broad Spectrum Antibiotics within 1 hours imipenem and vancomycin OR aztreonam, vancomycin, and clindamycin
- Initiate Insulin therapy to maintain glucose 80-110mg/dl

6 Hour Bundle

Maintain CVP 8-10

if CVP < 8

Administer 500cc NS bolus until CVP 8-10

Maintain SBP > 90
MAP > 65

if SBP < 90 or MAP < 65

1. Norepinephrine 2-30mcg/min (add/switch pressors per MD)
2. Dopamine 5-20mcg/kg/min
3. Phenylephrine 20-200mcg/min (if HR > 120)
4. Vasopressin 0.01-0.04U/min (must use with another pressor)
5. Epinephrine 1-10mcg/min

Place an arterial line
Administer Decadron 2mg IV q6
Send Cortisol Stimulation Test

ScVO₂ ≥ 70

ScVO₂ < 70

- If Hemoglobin < 10 transfuse 1-2 Units PRBC
If Hemoglobin ≥ 10 intubate and mechanically ventilate
consider 1. Dobutamine 2.5-20mcg/kg/min (if SBP > 90)
2. Dopamine 5-20mcg/kg/min

Bundle Completion
Re-check lactate and electrolytes

Keys to Successful Implementation of the Bundle

1. Initiate CVP/ScVO₂ monitoring within 2 hours
2. Administer Broad Spectrum Antibiotics within 1 hour
3. Achieve and Maintain Hemodynamic Goals within 6 hours:
CVP 8-10, SBP > 90 or MAP > 65, and ScVO₂ > 70

UMDNJ University Hospital Sepsis Committee

Any Questions Regarding the Protocol:
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