SEPSIS
The body’s overwhelming and life-threatening response to an infection, which can lead to tissue damage, organ failure and death.

SEPTIC SHOCK
A subset of sepsis associated with a higher risk of mortality; defined as refractory hypotension despite adequate fluid resuscitation requiring vasoactive medications to maintain MAP > 65 mmHg and lactate > 2 mmol/L.

ASSSESS ADULTS FOR
- Respiratory rate ≥ 22 breaths/min
- Altered mental status
- Systolic blood pressure (SBP) ≤ 100 mmHg

The presence of any two of these criteria in a patient with known infection should prompt further evaluation for organ dysfunction.

Clinical Presentation:
Symptoms may be specific to an infectious source

Tachycardia (heart rate > 90 beats/min)
Arterial hypotension (SBP < 90 mmHg, MAP < 70 mmHg, or an SBP decrease > 40 mmHg)
Cough, dyspnea, tachypnea, RR > 22 breaths/min
Decreased capillary refill, cyanosis, or mottling (may indicate shock)

SEPSIS MANAGEMENT BUNDLES:

QSOFA CRITERIA:
Quick Sequential Organ Failure Assessment Score

Temperature > 38.3°C or < 36°C

DEFINITIONS:
Arterial hypotension (SBP < 90 mmHG, MAP < 70 mmHG, or an SBP decrease > 40 mmHG)
Altered mental status

Monitor lactate if initial lactate was elevated, and target lactate to normal level

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SEPSIS IS A MEDICAL EMERGENCY² AND CAN BE DEADLY when not quickly RECOGNIZED AND TREATED.

REFERENCES