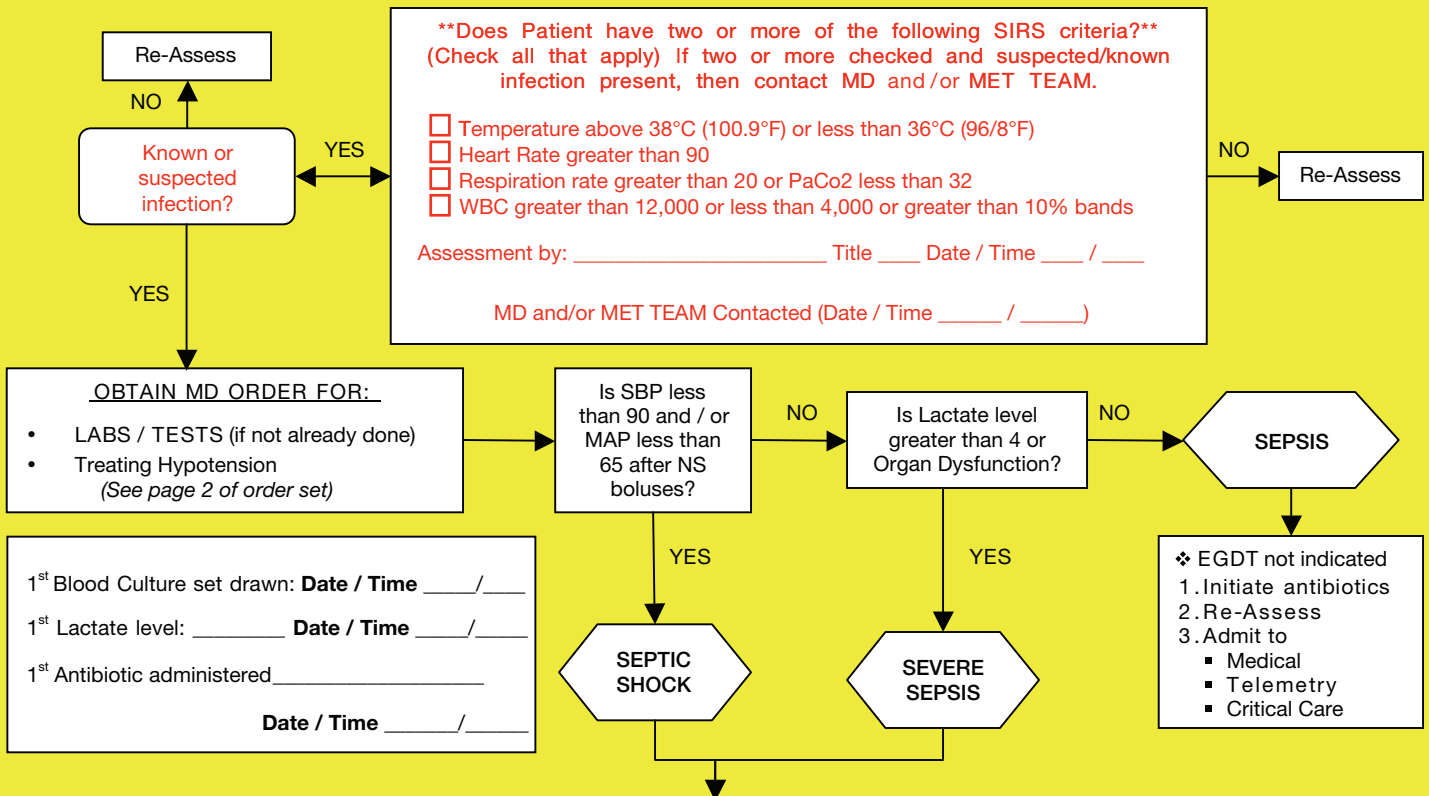
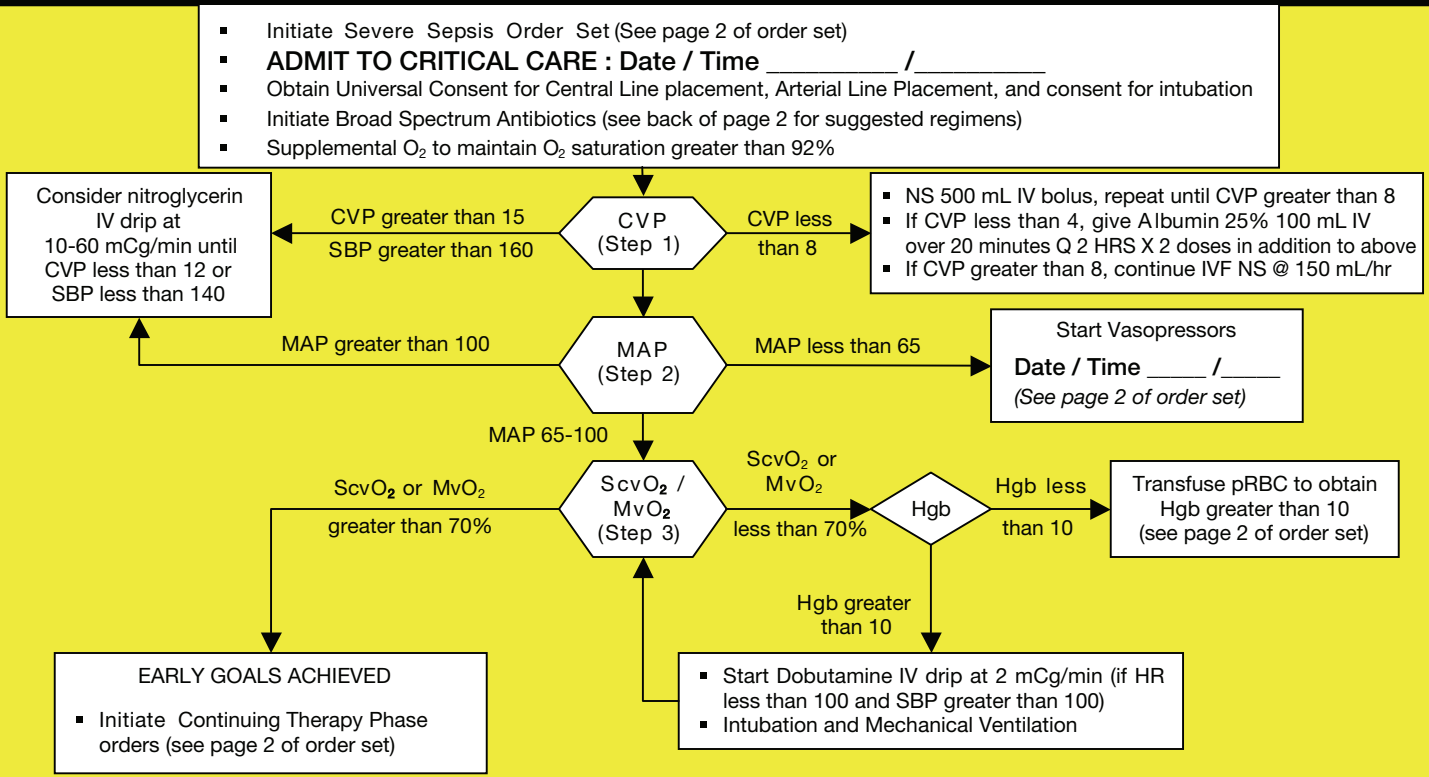


INITIAL ASSESSMENT AND IDENTIFICATION



EARLY GOAL DIRECTED THERAPY (EGDT)



SEVERE SEPSIS / SEPTIC SHOCK REFERENCE AND AUDIT TOOL

PATIENT ID

Worksheet for the consideration of Xigris® (activated drotrecogin alfa).

(Please complete Drotrecogin Alfa (activated) order form if therapy is to be initiated)

Patients should meet all of the following criteria to receive drotrecogin alfa:

- Patient has met criteria for **diagnosis of sepsis** and is currently enrolled in the severe sepsis pathway.
- Evidence of at least one of the following signs of organ dysfunction due to sepsis must be present, with a duration of less than 24 hours.

• **Cardiovascular** - An arterial systolic blood pressure less than 90 mm Hg or a mean arterial pressure (MAP) less than 70 mm Hg for at least one hour despite adequate fluid resuscitation, adequate intravascular volume status, or the use of vasopressors to maintain Bp

• **Renal** - Urine output less than 0.5ml/kg hour for one hour, despite adequate fluid resuscitation

• **Respiratory** - PaO₂/FIO₂ less than 250 (if the pt. has pneumonia, the pt. must have a PaO₂/FIO₂ less than 200)

• **Hematology** - Platelet count of less than 80,000/mm³ or a 50% decrease in the platelet count from the highest value recorded over the last 3 days

• **Metabolic Acidosis** - pH less than 7.30 or base deficit greater than 5.0 mEq/L or a plasma lactate level greater than 1.5 times the upper limit of normal

• Other evidence of organ dysfunction:

• APACHE SCORE greater than or equal to 25

Recommended contraindications for the use of Xigris® (activated drotrecogin alpha) include:

- Trauma patients with increased risk of life-threatening bleeding
- Active internal bleeding
- Recent (within 3 months) hemorrhagic stroke
- Recent (within 2 months) intracranial or intraspinal surgery, or severe head trauma
- Presence of epidural catheter
- Intracranial neoplasm or mass lesion or evidence of cerebral herniation
- Less than 12 hours post surgery requiring general or spinal anesthesia or potential need for surgery during infusion.

Suggested Initial Empiric Anti-infective Therapy for Patients with a Diagnosis of Sepsis	
Source of Infection	First-line
Unknown Origin	Meropenem 1gm IV Q 8 HRS + Vancomycin* 1 Gm IV X 1, then per Rx ± Tobramycin 5 mg/kg X 1, then per Rx
Community-acquired Pneumonia	Ceftriaxone 1 Gm IV Q 24 HRS + Azithromycin 500 mg IV Q 24 HRS If an ICU patient: Levofloxacin 750 mg IV Q 24 HRS If an ICU patient: Levofloxacin 750 mg IV Q 24 HRS + Aztreonam 2 Gm IV Q 8 HRS ± Vancomycin† 1 Gm IV X 1, then per Rx
VAP / HCAP / Nosocomial Pneumonia	Cefepime 2 Gm IV Q 8 HRS + Tobramycin 7 mg/kg X 1, then per Rx + Vancomycin* 1 Gm IV X 1, then per Rx ± Azithromycin 500 mg IV Q 24 HRS
Urosepsis	Ceftriaxone 1 Gm IV Q 24 HRS
Intra-abdominal	Zosyn 3.375 Gm IV Q 6 HRS + Metronidazole 500 mg IV Q 8 HRS
Soft-tissue	Zosyn 3.375 Gm IV Q 6 HRS + Vancomycin* 1 Gm IV X 1, then per Rx
Febrile Neutropenia	Cefepime 2 Gm IV Q 8 HRS ± Tobramycin 5 mg/kg X 1, then per Rx ± Vancomycin** 1 Gm IV X 1, then per Rx
Notes	†PCN allergy: IgE mediated hypersensitivity (rash, hives, and laryngospasms) to PCN & cephalosporins *Nosocomial MRSA Risk: recent hospitalization, indwelling central line, history of MRSA infection/colonization, residence in a nursing home or transfer from another hospital, recent surgery, dialysis †Community-associated MRSA Risk: recent influenza illness, necrotizing pneumonia, leucopenia, and / or hemoptysis ** Line sepsis, known resistant organisms or unstable patients

Note: Antibiotic selection should be reviewed daily and targeted based on culture results.

Selected References:

1. American Thoracic Society. Guidelines for management of adults with hospital-acquired, ventilator-associated, and healthcare-associated pneumonia. Am J Resp Care Med 2005; 171:388-416.
2. American Thoracic Society / Infectious Diseases Society of America. American Thoracic Society / Infectious Diseases Society of America consensus on the management of community-acquired pneumonia in adults. Clin Infect Dis 2007; 44 Suppl 2: S27-72.
3. IDSA. Guidelines for the Selection of Anti-infective Agents for Complicated Intra-abdominal Infections. Clin Infect Dis 2003; 37:997-1005.
4. IDSA. Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections. Clin Infect Dis 2005; 41:1373-406.
5. Infectious Diseases Society of America. Diagnosis and Treatment of Diabetic Foot Infections. Clin Infect Dis 2004; 39:885-910
6. Surviving sepsis campaign: International guidelines for management of severe sepsis and septic shock. 2008. Intensive Care Med 2008; 34:17-60.
7. National Comprehensive Cancer Network (NCCN) Guidelines (2008).

AGE (YEARS)	HEART RATE
≤ 44	≥ 180
45-54	140-179
55-64	110-139
65-74	70-109
≥ 75	55-69
	40-54
	< 40
TEMPERATURE (RECTAL)	MAP (prior to vasoactive therapy)
≥ 41	≥ 160
39-40.9	130-159
38.5-38.9	110-129
36-38.4	70-109
34-35.9	50-69
32-33.9	< 50
30-31.9	< 60
< 30	< 40
HEMATOCRIT (%)	WBC
≥ 60	≥ 40
50-50.9	20-39.9
46-49.9	15-19.9
30-45.9	3-14.9
20-29.9	1-2.9
≤ 20	< 1
RESPIRATORY RATE	ARTERIAL pH
≥ 50	≥ 7.7
35-49	7.6-7.69
25-34	7.5-7.59
12-24	7.33-7.49
10-11	7.25-7.32
6-9	7.15-7.24
≤ 5	< 7.15
SERUM CREATININE	SERUM POTASSIUM
≥ 3.5	≥ 7
2-3.4	6-6.9
1.5-1.9	5.5-5.9
0.6-1.4	3.5-5.4
< 0.6	3-3.4
	2.5-2.9
	< 2.5
SERUM SODIUM	CHRONIC HEALTH POINTS
≥ 180	Patients with history of severe organ system insufficiency or immunocompromised AMD:
160-179	-Non-operative or emergency postoperative = 5
155-159	or
150-154	-Elective postoperative = 2
130-149	
120-129	
111-119	
< 111	
OXYGENATION	
FI _{O2} ≥ 0.5 record AaDO ₂ ≥ 500	4
FI _{O2} ≥ 0.5 record AaDO ₂ 350-499	3
FI _{O2} ≥ 0.5 record AaDO ₂ 200-349	2
FI _{O2} < 0.5 AaDO ₂ < 200 or FIO ₂ < 0.5 PaO ₂ > 70	0
FI _{O2} < 0.5 record PaO ₂ 61-70	1
FI _{O2} < 0.5 record PaO ₂ 55-60	1
FI _{O2} < 0.5 record PaO ₂ < 55	1
APACHE SCORE:	