

# Screening Patients for Severe Sepsis

A patient who meets the following 3 criteria has a positive screen suggestive of severe sepsis:

**INFECTION**—Does your patient have **one or more** of the following infection criteria?

- DOCUMENTED OR SUSPECTED**—Does the patient have positive culture results (from blood, sputum, urine, etc.)?
- ANTI-INFECTIVE THERAPY**—Is the patient receiving antibiotic, antifungal, or other anti-infective therapy?
- PNEUMONIA**—Is there documentation of pneumonia (x-ray, etc.)?
- WBCs**—Have WBCs been found in normally sterile fluid (urine, CSF, etc.)?
- PERFORATED VISCUS**—Does the patient have a perforated hollow organ (bowel)?

**A** ▶ DID YOU CHECK ANY BOXES ABOVE?

**SIRS**—Does your patient have **two or more** of the following SIRS criteria?

- TEMPERATURE**—Is the patient's temperature  $\geq 38^{\circ}\text{C}$  ( $\geq 100.4^{\circ}\text{F}$ ) or  $\leq 36^{\circ}\text{C}$  ( $\leq 96.8^{\circ}\text{F}$ )?
- HEART RATE**—Is the patient's heart rate  $\geq 90$  bpm?
- RESPIRATORY RATE**—Is the patient's respiratory rate  $\geq 20$  breaths/min?
- WBC COUNT**—Is the patient's WBC count  $\geq 12,000/\text{mm}^3$ ,  $\leq 4000/\text{mm}^3$ , or are there  $> 10\%$  immature neutrophils (left shift)?

**B** ▶ DID YOU CHECK TWO OR MORE BOXES ABOVE?

**ACUTE ORGAN DYSFUNCTION**—Does your patient have **one or more** of the following organ dysfunction criteria?

- CARDIOVASCULAR**—Does the patient have a systolic BP  $\leq 90$  mm Hg or mean arterial pressure  $\leq 70$  mm Hg (for at least 1 hour despite fluid resuscitation) or require vasopressor support?
- RESPIRATORY**—Does the patient have a  $\text{PaO}_2/\text{FiO}_2$  ratio  $\leq 250$ , PEEP  $> 7.5$  or require mechanical ventilation?
- RENAL**—Does the patient have low urine output (eg,  $< 0.5$  mL/kg/hr for 1 hour despite adequate fluid resuscitation), increased creatinine ( $> 50\%$  increase from baseline) or require acute dialysis?
- HEMATOLOGIC**—Does the patient have a low platelet count ( $< 100,000/\text{mm}^3$ ) or PT/PTT  $>$  upper limit of normal?
- METABOLIC**—Does the patient have a low pH with high lactate (eg, pH  $< 7.30$  and plasma lactate  $\geq$  upper limit of normal)?
- HEPATIC**—Are the patient's liver enzymes  $> 2x$  upper limit of normal?
- CNS**—Does the patient have altered consciousness or a reduced Glasgow Coma score?

**C** ▶ DID YOU CHECK ANY BOXES ABOVE?

IF YOU CHECKED:

**A) INFECTION + B) SIRS + C) ORGAN DYSFUNCTION = POSITIVE SCREEN SUGGESTIVE OF SEVERE SEPSIS**

Lilly Acute Care

# Definitions for Sepsis-related Clinical Conditions

**SIRS** Systemic inflammatory response to an insult or injury, independent of cause, with more than one of the following manifestations<sup>1</sup>:

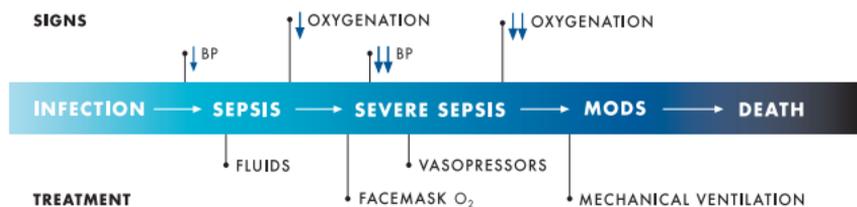
- Temperature  $\geq 100.4^{\circ}\text{F}$  or  $\leq 96.8^{\circ}\text{F}$  ( $\geq 38^{\circ}\text{C}$  or  $\leq 36^{\circ}\text{C}$ )
- Heart rate  $\geq 90$  beats/min
- Tachypnea, as manifested by a respiratory rate  $\geq 20$  breaths/min or hyperventilation, as indicated by a  $\text{PaCO}_2 \leq 32$  mm Hg
- Alteration of white blood cell count  $\geq 12,000$  cells/ $\text{mm}^3$ ,  $\leq 4000$  cells/ $\text{mm}^3$ , or the presence of  $> 10\%$  immature neutrophils

**Sepsis** SIRS resulting from infection (bacterial, viral, fungal, or parasitic)<sup>1</sup>

**Severe sepsis** Sepsis associated with signs of at least one acute organ dysfunction, hypoperfusion, or hypotension<sup>1</sup>

**Septic Shock** Sepsis-induced hypotension persisting despite adequate fluid resuscitation<sup>1</sup>

**MODS** Multiple Organ Dysfunction Syndrome. Presence of altered function of two or more organs in an acutely ill patient such that homeostasis cannot be maintained without intervention<sup>1</sup>



This document lists some (but not all) common clinical criteria that may be used to screen patients for severe sepsis. It is intended for healthcare professional educational purposes only. By providing this document, Lilly is not making recommendations on diagnosis or treatment of any particular patient. The judgment of the physician/clinician, based on knowledge of the specific patient, should always be the deciding factor.

**Reference:**

1. Bone RC, Balk RA, Cerra FB, et al. *Crit Care Med.* 1992;20:864-874.