Evidence-Based Management of Sepsis

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Sepsis is a potential life-threatening oncologic emergency. Early recognition and prompt intervention can decrease the morbidity and mortality associated with sepsis. The Surviving Sepsis Campaign Guidelines Committee updated its recommendations in 2012, outlining specific evidence-based interventions to manage sepsis.

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Evidence-Based Interventions

To address the growing incidence of sepsis, a panel of experts convened to develop recommendations for sepsis management. The Surviving Sepsis Campaign (SCC) Guidelines Committee first published Guidelines for the Management of Severe Sepsis and Septic Shock in 2004, followed by updates in 2012 and 2016.

### Start Immediately and Complete Within Three Hours
- Measure lactate level.
- Administer 30 mg/kg crystalloid over 10–15 minutes.
- Obtain blood cultures.
- Administer broad-spectrum antibiotics following blood cultures.

### Complete Within Six Hours
- Administer vasopressors for hypotension unrelieved by crystalloids.
- Measure central venous pressure and venous oxygen saturation.
- Remeasure lactate.

### Complete Within 24 Hours
- Administer low-dose corticosteroids if hypotensive despite vasopressors.
- Maintain glucose between lower limit of normal and 150 mg/dl.
- Maintain inspiratory plateau pressure less than 30 cm H2O for mechanically ventilated patients.

### Additional Supportive Measures
- Maintain adequate nutrition.
- Prevent deep vein thrombosis.
- Prevent stress and pressure ulcers.
- Prevent additional infection.

FIGURE 1. Sepsis Care Groups

Note. Based on information from Dellinger et al., 2013; Institute for Healthcare Improvement, 2013.