





 **Universal Patient Care Protocol**  
Routine Standard of Care

**Suspected or documented infection and at least two of the following:**




- Temperature > 101°F (38.3°C) or < 96.8°F (36°C)
- Tachycardia HR >100 bpm
- Tachypnea RR > 24 rpm or PaCO<sub>2</sub> < 32 mmHg
- Increased WBC count >12,000 c/mm<sup>3</sup>, < 4,000 c/mm<sup>3</sup> or >10% bands

 **Initial assessment**


- Maintain airway patency and oxygenation / ventilation status to goal of SpO<sub>2</sub> 92% or greater
- Maintain intravascular fluid volume status to goal of MAP of 65 mmHg or higher
- Maintain antibiotic infusions

Treatment Priorities



- **Hypotension Protocol:** Aggressive fluid maintenance, even if patient is normotensive (at least 100ml/hr)
- Target CVP goal of 8-12 mmHg

Patient hypotensive after target CVP reached?

 **Hypotension Protocol:**  
Consider a pressor

**Pearls**

- Maintain urine output of 0.5mL/kg/hour
- Maintain anti-infective therapy as begun at referring facility; consider requesting a broad spectrum and gram-negative antibiotic infusion if specific causative agent is not known