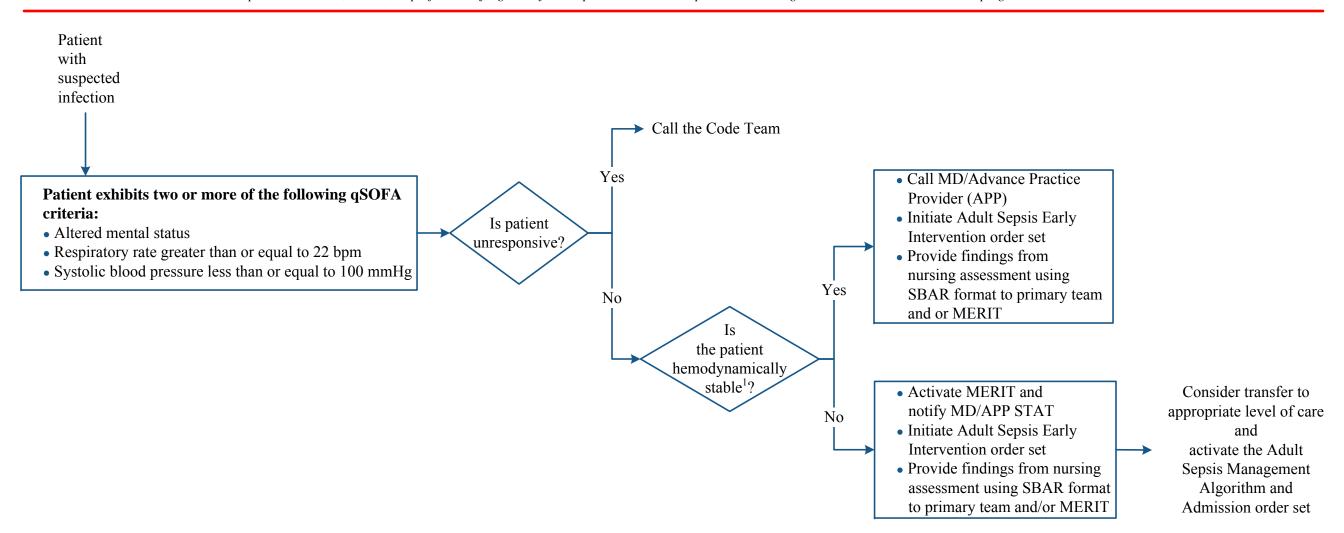


## **Early Intervention for Suspected Adult Sepsis**

Page 1 of 3

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the medical, clinical, or professional judgment of the responsible health care providers. This algorithm should not be used to treat pregnant women.



qSOFA = quick Sepsis related Organ Failure Assessment

Hemodynamically stable is defined as systolic blood pressure greater than or equal to 100 mmHg, not requiring vasopressor support or not having a cardiac arrhythmia.



## **Early Intervention for Suspected Adult Sepsis**

Page 2 of 3

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the medical, clinical, or professional judgment of the responsible health care providers. This algorithm should not be used to treat pregnant women.

#### SUGGESTED READINGS

Dellinger, R. P., Levy, M. M., Annane, D., Gerlach, H., Opal, S. M., Sevransky, J. F.,... Vincent, J. L., (2013). Surviving Sepsis Campaign: International guidelines for the management of severe sepsis and septic shock, 2012. *Intensive Care Medicine*, 32(2), 165-228. doi: 10.1186/2110-5820-3-7

Singer, M., Deutschman, C. S., Seymour, C. W., Shankar-Hari, M., Annane, D., Bauer, M., ... & Hotchkiss, R. S. (2016). The third international consensus definitions for sepsis and septic shock (sepsis-3). *JAMA*, 315(8), 801-810.



# **Early Intervention for Suspected Adult Sepsis**

Page 3 of 3

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the medical, clinical, or professional judgment of the responsible health care providers. This algorithm should not be used to treat pregnant women.

### **DEVELOPMENT CREDITS**

Ninotchka Brydges, DNP, APRN, ACNP-BC, MBA Diego de Villalobos, MD Imrana Malik, MD Joseph Nates, MD<sup>†</sup> Christina Perez<sup>†</sup> Karen Plexman, MSN, RN, NE Seth White, MB, ChB Sonal Yang, PharmD, BCPS<sup>†</sup>

<sup>&</sup>lt;sup>†</sup> Development Lead

Clinical Effectiveness Development Team