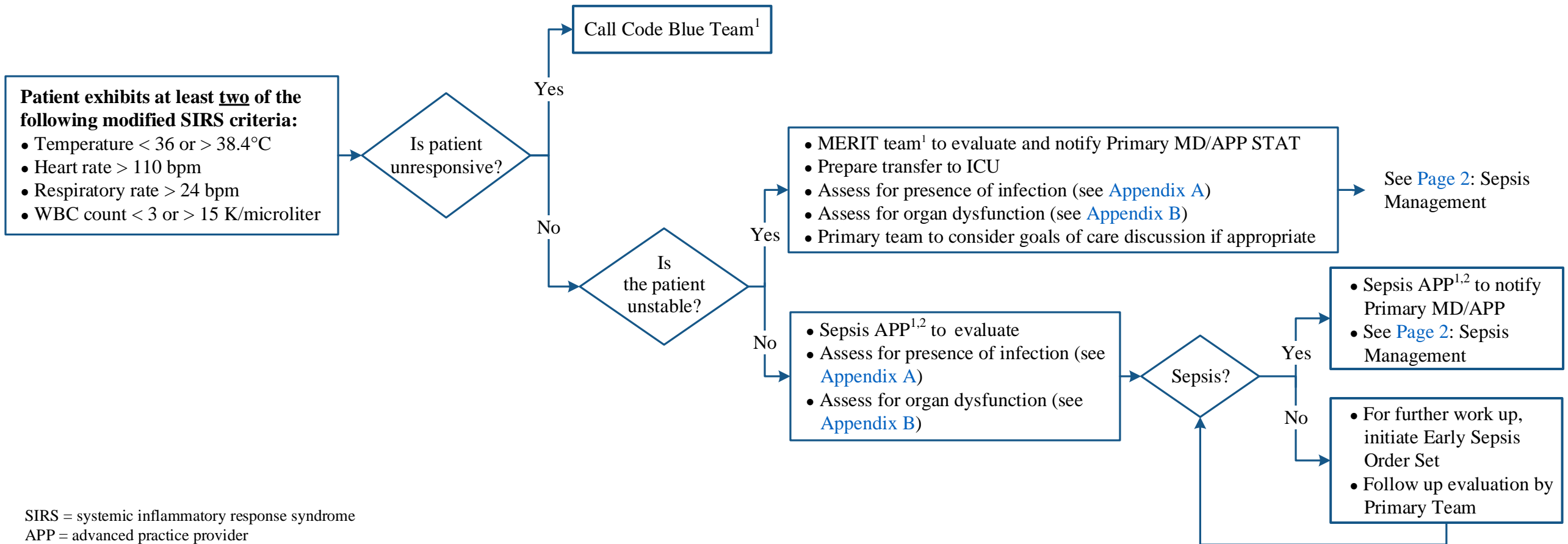


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

PRESENTATION

EVALUATION

TREATMENT



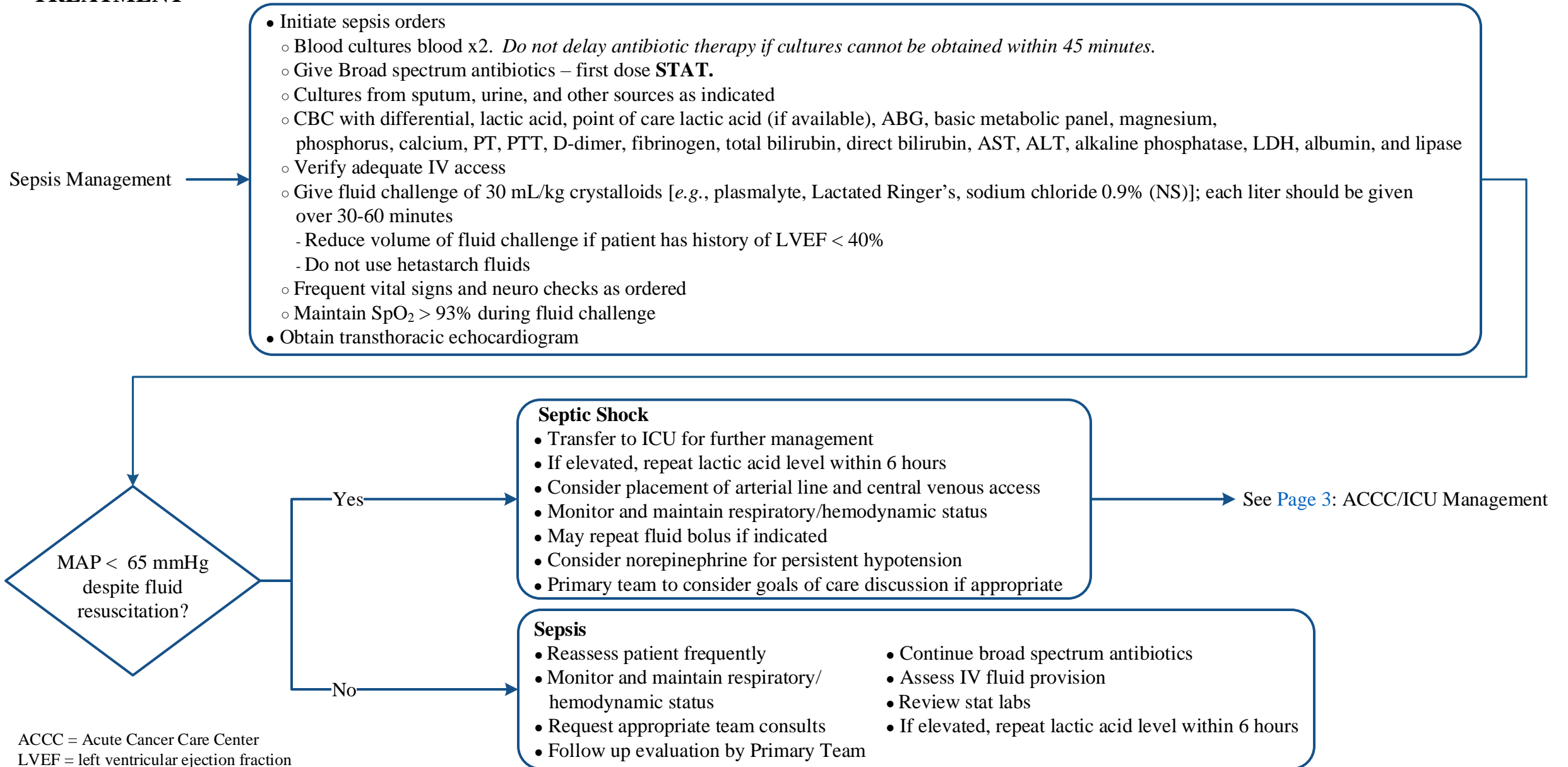
SIRS = systemic inflammatory response syndrome
 APP = advanced practice provider

¹ For patients in the Acute Cancer Care Center, only those with an inpatient status will be evaluated by the Code Blue Team, MERIT team and/or Sepsis APP²

² Sepsis APP only available in pilot area of G20

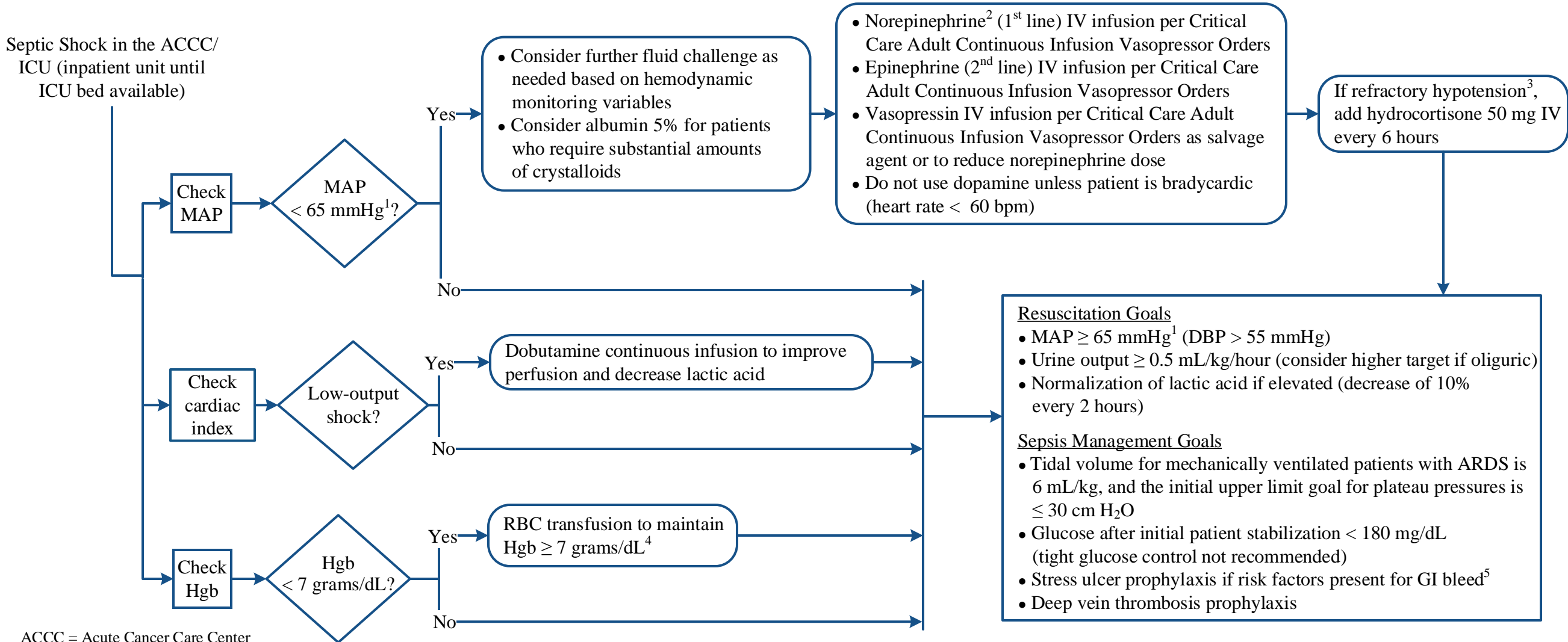
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TREATMENT



ACCC = Acute Cancer Care Center
 LVEF = left ventricular ejection fraction
 MAP = mean arterial pressure = 1/3 (SBP - DBP) + DBP

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ACCC = Acute Cancer Care Center

ARDS = acute respiratory distress syndrome

¹ Consider higher target if patient has history of hypertension, diabetes mellitus, vasculopathy, increased abdominal pressure, ensuing renal failure, or pulmonary hypertension

² If inpatient, may start norepinephrine as listed above while awaiting transfer to ICU (notify MERIT and prepare for immediate transfer to ICU)

³ Refractory hypotension is defined as MAP < 65 mmHg despite adequate fluid resuscitation and vasopressors

⁴ Surviving Sepsis Guidelines recommend that RBC transfusions occur only when hemoglobin concentration decreases to < 7 grams/dL in adults in the absence of extenuating circumstances, such as myocardial ischemia, severe hypoxemia, or acute hemorrhage (strong recommendation, high quality of evidence). For the extenuating circumstances, the goal is > 8 grams/dL.

⁵ Risk factors for GI bleed: mechanical ventilation > 48 hours, coagulopathy, preexisting liver disease, renal replacement therapy, higher organ failure scores

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APPENDIX A: Suspicion of Infection

- Fever or hypothermia
- Recent surgical procedure
- Immunocompromised
 - Chemotherapy
 - Steroids/immunosuppressed
 - Loss of skin integrity
 - HIV/suspected HIV
- Skin wound
- Invasive device
 - Central line
 - Foley catheter
- Infiltrate on chest x-ray
- Cough with sputum production
- Diarrhea with or without abdominal pain
- History of diabetes mellitus
- Cirrhosis
- Unilateral sinusitis (and/or facial swelling)

APPENDIX B: SOFA Score to Assess for Organ Dysfunction¹

Variables	0	1	2	3	4
Respiratory PaO ₂ /FiO ₂ (mmHg)	≥ 400	300 - 399	200 - 299	100 - 199	< 100
Coagulation Platelets (K/microliter)	≥ 150	100 - 149	50 - 99	20 - 49	< 20
Liver Bilirubin (mg/dL)	< 1.2	1.2 - 1.9	2 - 5.9	6 - 11.9	> 12
Cardiovascular Hypotension	MAP ≥ 70 mmHg	MAP < 70 mmHg	Dopamine < 5 mcg/kg/minute or dobutamine (any dose)	Dopamine 5.1 - 15 mcg/kg/minute, or epinephrine ≤ 0.1 mcg/kg/minute, or norepinephrine ≤ 0.1 mcg/kg/minute	Dopamine > 15 mcg/kg/minute, or epinephrine > 0.1 mcg/kg/minute, or norepinephrine > 0.1 mcg/kg/minute
Central nervous system Glasgow Coma Scale	15	13 - 14	10 - 12	6 - 9	< 6
Renal Creatinine (mg/dL) or Urine Output (mL/day)	< 1.2 -	1.2 - 1.9 -	2 - 3.4 -	3.5 - 4.9 or < 500 mL/day	≥ 5.0 or < 200 mL/day

PaO₂ = partial pressure of oxygen
 FiO₂ = fraction of inspired oxygen

¹ Increase in SOFA score by 2 or more points from baseline is indicative of organ dysfunction

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