

Definitions of SEPSIS, SEVERE SEPSIS, and SEPTIC SHOCK

MANDATORY CRITERIA (within last 24 hours)

Documented or suspected infection

- WBCs in normally sterile body fluid
- Perforated viscus
- CXR consistent with pneumonia and associated with purulent sputum production, or
- Clinical syndrome commonly associated with infection (e.g., purpura fulminans)

AND two or more of the following:

General Variables

- Fever (rectal, core, po or axillae > 38.3C) or Hypothermia (rectal, core, po, or axillae < 36 C)
- HR > 90 bpm
- RR > 20 bpm
- WBC > 12 or < 4×10^9 or > 10% immature forms (e.g., Bands > 0%)

SEVERE SEPSIS

Defined as sepsis associated with **new** organ dysfunction, hypotension, or hypoperfusion.

Organ Dysfunction

- O₂ defect ($PaO_2/FiO_2 < 300$)
- Creatinine increase > 60 $\mu\text{mol/L}$ from baseline or similar change within last 24 hours
- Coagulation abnormalities (INR > 1.5 or aPTT > 60 sec)
- Thrombocytopenia (platelets < 100 000)
- Hyperbilirubinemia (bilirubin > 70 $\mu\text{mol/L}$)
- Ileus (absent bowel sounds)
- Acute oliguria (U/O < .5ml/kg/hr x 2 hours) despite fluid resuscitation

Hypoperfusion

- High lactate (> 2.1 mmol/L)
- Decreased capillary refill or mottling

Hypotension

- Arterial hypotension (SBP < 90 mmHg; MAP < 70 mmHg, or SBP decrease > 40 mmHg in adults) despite adequate fluid resuscitation (CVP > 12)

SEPTIC SHOCK

Acute circulatory failure unexplained by other causes, other than suspected infection

- Persistent arterial hypotension (SBP < 90mmHg, or SBP decrease > 40mmHg from baseline despite fluid resuscitation)

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cm/cm