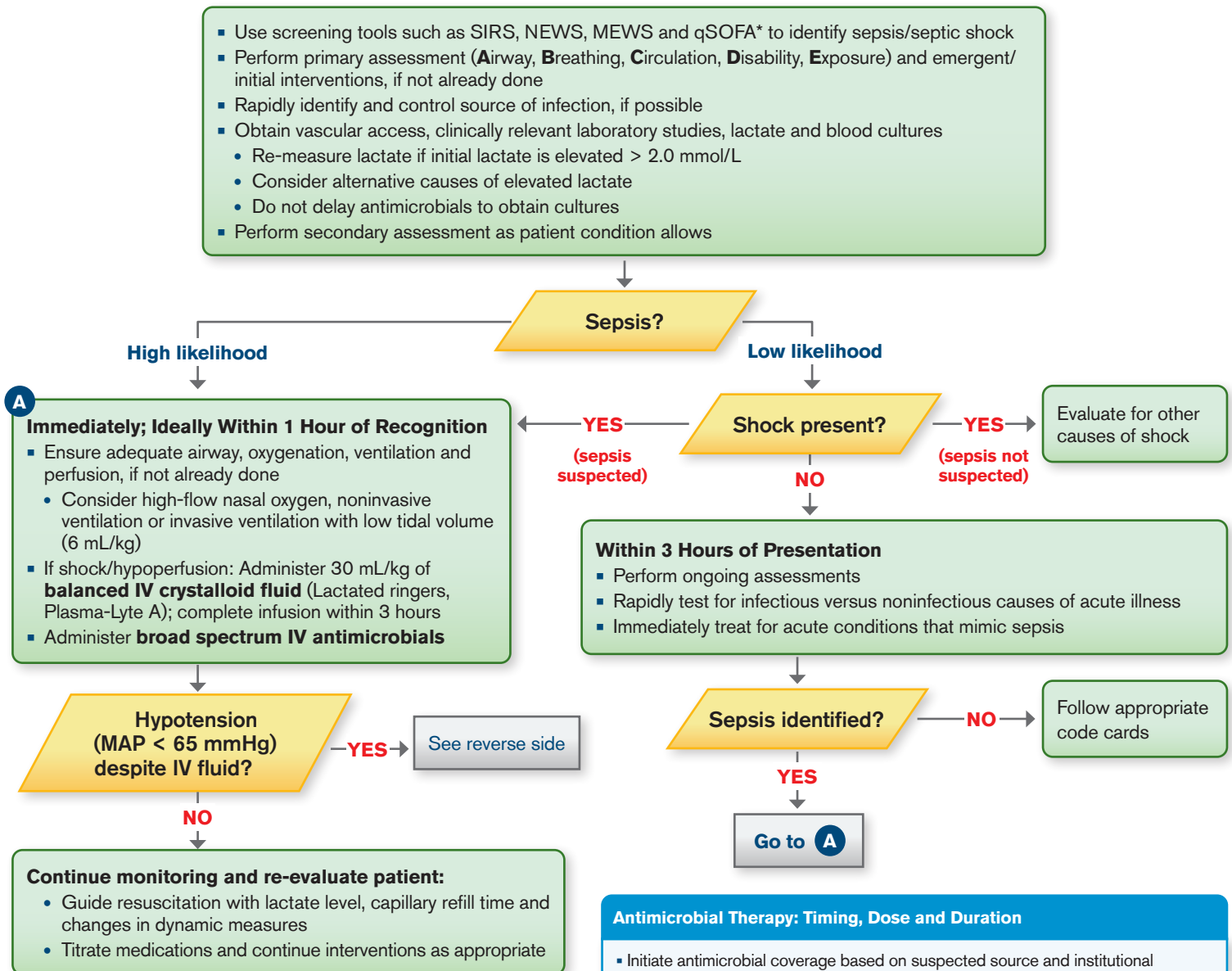


# ADULT SEPSIS AND SEPTIC SHOCK: SCREENING, EARLY INTERVENTION AND RESUSCITATION

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## Care Note

- Rapidly identify or exclude specific diagnoses of infection and implement any required source control interventions as soon as logistically practical.
- Promptly remove IV access that may be source of infection after new access has been established.



## Sepsis Mimics

Pulmonary embolism, diabetic ketoacidosis, adrenal insufficiency, anaphylaxis, pancreatitis, bowel obstruction, hypovolemia, vasculitis, toxin ingestion/withdrawal or medication effect.

## Antimicrobial Therapy: Timing, Dose and Duration

- Initiate antimicrobial coverage based on suspected source and institutional protocols:
  - For septic shock, administer broad spectrum IV antimicrobials **immediately**, ideally within 1 hour of recognition of sepsis/septic shock
  - For possible sepsis, administer broad spectrum IV antimicrobials **within 3 hours** if concern for infection persists
- When using a beta-lactam antibiotic, use a prolonged infusion for maintenance after an initial bolus; use specific pharmacokinetic/dosing guidance for different drugs/drug classes

## Antimicrobial Therapy: Guidelines For Sepsis/Septic Shock

### Methicillin-resistant *Staphylococcus aureus* (MRSA)

- High risk: Use empiric antimicrobials with MRSA coverage
- Low risk: Use antimicrobials without MRSA coverage

### Multidrug resistance (MDR) organisms

- High risk: Use two antimicrobials with gram-negative coverage for empiric treatment
- Low risk: Use one gram-negative antimicrobial

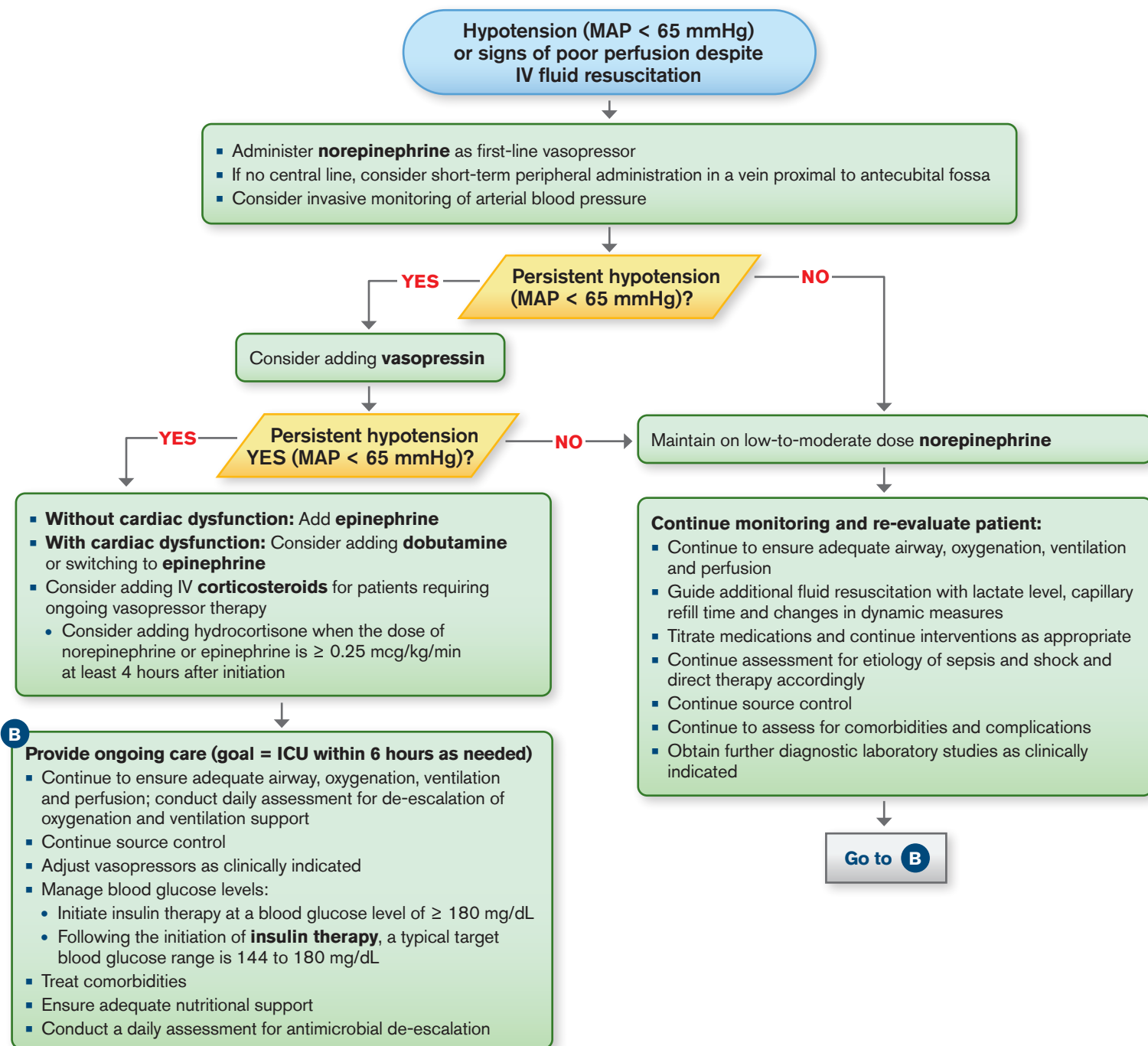
### Fungal infection

- High risk: Use empiric antifungal coverage

\* qSOFA should not be used as a single screening tool for sepsis or septic shock.

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## Medications

## Administration

Crystalloid fluid bolus	30 mL/kg IV/IO
Norepinephrine	0.1 to 0.5 mcg/kg/min (2 to 80 mcg/min) IV/IO
<i>In settings where norepinephrine is not available, epinephrine or dopamine can be used as an alternative.</i>	
Vasopressin	0.01 to 0.04 units/min (usual dose: 0.03 units/min) IV/IO
<i>Vasopressin is usually started when the dose of norepinephrine is in the range of 0.25 to 0.5 mcg/kg/min.</i>	
Epinephrine	0.01 to 0.5 mcg/kg/min (2 to 10 mcg/min) IV/IO
Dobutamine	2 to 20 mcg/kg/min IV/IO
Dopamine	2 to 20 mcg/kg/min IV/IO
IV Hydrocortisone	50 mg IV every 6 hours or as a continuous infusion of 200 mg/day
<i>For IV hydrocortisone, higher doses may be used if clinically indicated.</i>	

## Dynamic Parameters

For adults with sepsis/septic shock, dynamic measures are recommended to guide fluid resuscitation over physical examination or static parameters alone. Dynamic parameters that may be assessed following passive leg raise or a fluid bolus include:

- Stroke volume (SV)
- Stroke volume variation (SVV)
- Pulse pressure variation (PPV)
- Echocardiography, where available



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