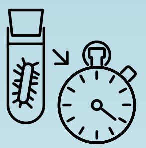
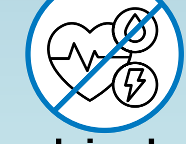
Surviving Sepsis Campaign®

# Antibiotic Timing

|  | **Shock is present** |  **Shock is absent** |
|---|---|---|
| **Sepsis is definite or probable** | Administer antimicrobials ***immediately***, ideally within 1 hour of recognition. | Administer antimicrobials ***immediately***, ideally within 1 hour of recognition. |
| **Sepsis is possible** | Administer antimicrobials ***immediately***, ideally within 1 hour of recognition. | Rapid assessment* of infectious vs. noninfectious causes of acute illness.<br><br>Administer antimicrobials ***within 3 hours*** if concern for infection persists. |

**Rapid assessment includes history and clinical examination, tests for both infectious and noninfectious causes of acute illness, and immediate treatment of acute conditions that can mimic sepsis. Whenever possible, this should be completed within 3 hours of presentation so that a decision can be made as to the likelihood of an infectious cause of the patient's presentation and timely antimicrobial therapy provided if the likelihood is thought to be high.*

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# Vasoactive Agent Management

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| | ✔ Use norepinephrine as first-line vasopressor. |
| *For patients with septic shock on vasopressors* | ✔ Target a MAP of 65 mm Hg.<br>⚠ **Consider** invasive monitoring of arterial blood pressure. |
| *If central access is not yet available* | ⚠ **Consider** initiating vasopressors peripherally.* |
| *If MAP is inadequate despite low-to-moderate norepinephrine* | ⚠ **Consider** adding vasopressin. |
| *If cardiac dysfunction with persistent hypoperfusion is present despite adequate volume status and blood pressure* | ⚠ **Consider** adding dobutamine or switching to epinephrine. |

- *Strong recommendations are displayed in green*
- *Weak recommendations are displayed in yellow.*

**When vasopressors are used peripherally, they should be administered only for a short period of time and in a vein proximal to the antecubital fossa.*

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