

MDM Tip Sheet for ISI 1.1

Band 1- Pt is unlikely to be septic. ISI score 0.1-4.9 (NPV-97%)

- **If patient is in shock by BP (SBP<90, OR MAP<65, OR SBP decrease of 40) or lactate \geq 4 look for other causes (ie. Cardiogenic, Hemorrhagic, Toxin etc)**
- False negatives occur with IVDU and ESRD with Indwelling Catheters.
- Defer initial early blood cultures and antibiotics unless high risk group or in shock and suspect infection. (False negative group or high pretest probability for systemic infection).
- **Not septic does not mean not infected**, just no associated cytokine storm. Treat localized infections per source guidelines. **Admit for high risk features per source guidelines and decision rules** (ie. CURB-65, pyelonephritis and pregnancy, hypoxia etc.). If no high risk features treat by outpatient guidelines.

Band 2- Pt at serious risk for sepsis. ISI score 5-6.2 (very narrow window)

- **If lactate is resulted \geq 4 or, or shock by BP (SBP<90, OR MAP<65, OR SBP decrease of 40) activate ED Sepsis Alert and follow standard sepsis guidelines.**
- Some diagnostic uncertainty. **Without obvious alternative diagnosis** follow standard sepsis pathways with blood culture, early antibiotics, and fluid resuscitation, and vasopressors.
- If diagnostic uncertainty, treat for sepsis while exploring other diagnoses.
- Inpatient teams will deescalate sepsis care if they feel warranted.

Band 3- Pt at severe risk for sepsis. ISI score >6.2 (SN-90.7, SP-86.3)

- **Initiate ED Sepsis Alert** and follow standard guidelines for blood cultures, antibiotics, fluids and vasopressors
- If diagnostic uncertainty, treat for sepsis while exploring other diagnoses.
- Inpatient teams will deescalate sepsis care if they feel warranted.