

- **Patient with obvious infection on exam no plans for blood labs**
 - Patient with stable VS and simple infection, no blood work, plans for empiric treatment and DC.
 - Simple cystitis, simple abscess, early cellulitis, URI, etc.
 - NO ISI

- **Patients with infection or suspicion of infection on exam, need blood labs, VS with some abnormalities, NO SHOCK**
 - Order ISI screening panel
 - Band 3 – sepsis treatment panel and admit regardless of organ damage (PPV- 86%)
 - Band 2 with organ damage/lactate>2-
 - sepsis treatment panel and admit
 - Band 2 without organ damage/lactate<2
 - Cultures and antibiotics
 - Admit at MD discretion based on type of illness, symptom severity, disease specific guidelines, comorbidities, follow up etc.
 - Band 1
 - Antibiotics without cultures
 - Admit at MD discretion based on type of illness, symptom severity, disease specific guidelines, comorbidities, follow up etc.

- **Patient with shock on arrival**
 - **Start Sepsis treatment panel (culture, abx, fluids, etc..)**
 - **Do not wait on ISI**
 - Order ISI
 - Band 3 – continue current therapy and diagnostics as warranted
 - Band 2
 - Infection found- continue current therapy and diagnostics as warranted
 - No infection found- continue current therapy
 - Consider advanced diagnostics (US/CT/MRI) to find an infection source or alternative cause of shock

- Band 1-increased suspicion that infection is not the primary driver of shock state
 - Continue current sepsis treatment but recommend searching for other causes of shock even if an infection is found
- Pt with ISI ordered by protocol for AMS/ SIRS, or MD discretion- No infection found, never had any shock values.
 - Band 3
 - With organ damage- sepsis treatment and admit
 - No organ damage
 - If symptoms are completely resolved with normal VS and good f/u: can consider Blood culture and D/C with or without antibiotics, **with caution**
 - All-cause mortality is 12% in band 3 (70% within 7 days)
 - Band 2
 - With organ damage- sepsis treatment and admit
 - No organ damage
 - If symptoms completely resolved with normal VS and good f/u: consider Blood culture and D/C with or without antibiotics.
 - All-cause mortality is 6% in band 2 (20% of deaths were sepsis)
 - Band 1
 - No cultures or antibiotics
 - Admit or DC based on alternative disease specific protocols (syncope, TIA, stroke, etc)