INFECTIOUS DISEASES REFRESHER FOR ANESTHESIOLOGISTS

PATIENT WITH SUSPECTED INFECTION-SURVIVING SEPSIS GUIDELINES

- Fluid resuscitation- 30 ml/kg crystalloid for hypotension or lactate >4. If needed, can use 5% albumin
- Send blood cultures
- Send UA and respiratory cultures (if applicable)
- Start broad spectrum empiric antibiotics to cover the suspected infection
- Send lactate- will help guide resuscitation effort
- If MAP less than 65 despite fluid resuscitation, reassess volume status- start norepinephrine infusion
- If hypotensive despite being on high dose norepinephrine, start straight rate vasopressin infusion.
- Pressor resistant shock- start Hydrocortisone 200 to 300 mg IV per day (50 Q6H) for at least 3 days.

3 and 6 hour bundles, grouped together as the 1 hour bundle- to encourage faster response and action to sepsis

Look for and control source of infection

CXR- r/o pneumonia

UA- r/o urinary source

Look for abdominal or other sources of infection- Surgical consult if applicable

Remove infected lines/devices

COMMON PATHOGENS AND ANTIMICROBIALS

Source	Common pathogens	Empiric therapy	Duration of therapy
Abdomen	Gram negative rods, Enterobacter, Enterococcus, Bacteroides	Piperacillin-Tazobactam Ceftriaxone+Metronidazole Fluoroquinolone+Metronidazole	4-7 days
	Clostridium Difficile	Vancomycin PO 125 mg QID	10 days
Urinary tract	E.Coli and other Enterobacteriaceae	Piperacillin- Tazobactam fluoroquinolones	7-14 days depending on severity
Pulmonary – Community acquired	S.Pneumoniae, H. influenza, mycoplasma, legionella	Ceftriaxone+Azithromycin Levofloxacin	5-7 days
Pulmonary – hospital or ventilator acquired	Staphylococcus aureus, gram negative rods, pseudomonas	Piperacillin +/-Vancomycin+/-aminoglycoside	7 days
Line or device related	Staphylococcus aureus Candida species	Vancomycin, Daptomycin (if resitant to vancomycin)	Depending on organism 2-4 weeks

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		Fluconazole or micafungin depending on species	

REMEMBER!

De-escalate antibiotics based on culture results

Consult infectious diseases or consultant intensivist for MDR or complicated infections

COVID19 RELATED ID CONSIDERATIONS

None of the below listed options are NOT licensed for the treatment of COVID19. The suggestions are based on limited clinical and animal model data

Moderate illness Hypoxia or radiographic evidence of pneumonia	Hydroxychloroquine or lopinavir/Ritonavir
Severe illness Mechanically ventilated	Hydroxychloroquine or lopinavir/Ritonavir Or Remdesivir (investigational, compassionate use) Consult Infectious diseases specialists to consider Tocilizumab

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