

Huddle Up for Safety

Frequently Asked Questions

Q What **types of fluids** count for fluid resuscitation in septic shock?

A **Crystalloid fluids** are the **only** fluids counted by CMS:

- Lactate Ringers (LR) or
- 0.9% Sodium Chloride (Normal Saline or NS)

Q Can patients receive **less than 30 ml/kg of fluid bolus** for septic shock?

Yes, at the provider's discretion. When ordering less, the provider should document the **prescribed volume** and the **reason for less fluid**:

e.g., "Ordered 1,000 ml of IV fluids for patient, rather than 30 ml/kg, due to signs of fluid overload."

Provider Tip: use the **EDSEPSISFLUIDS** EPIC smartphrase to document less fluid in septic shock.

Fluid Resuscitation in Septic Shock

In the Severe Sepsis and Septic Shock (SEP-1) program, the Centers for Medicare and Medicaid (CMS) indicate that fluid resuscitation should be given within **3 hours** of one of the following **triggering events**:

- Lactate ≥ 4 mmol/L
- Hypotension (2 systolic BPs < 90 within 3 hours)
- Provider documents septic shock

Q What is the recommended **fluid volume** and **rate** for septic shock?

A Per the SEP-1 program, patients with septic shock should receive **30 ml/kg** of fluid at a rate **greater than 125 ml/hour**.

Q What is the **timing** to provide the fluid bolus for septic shock?

A The complete fluid must be **started** within **3 hours** of the **triggering event** (see above)

Q Does anything need to be **monitored after the fluid bolus** is completed in septic shock?

A Yes, to check for persistent or new hypotension **two blood pressures** must be measured and documented **within 1 hour of completing the fluid bolus**.

Q What if the patient is **transferred out** before the fluid bolus is completed?

A The accepting nurse and provider should be informed of how much fluid is left to complete and when the fluids need to be done.

Do Something ~ Say Something!