Sepsis and Septic Shock Nursing Care Plan

Aligned with the Surviving Sepsis Campaign Hour-1 Bundle.

QUICK ANSWER

Sepsis is time-critical. Hour-1 Bundle: lactate + cultures before antibiotics, broad-spectrum antibiotics within 1 h, 30 mL/kg crystalloid for hypotension or lactate ≥ 4, norepinephrine to MAP ≥ 65 if fluid-refractory. Every hour of antibiotic delay raises mortality ~7%. Priority diagnoses: ineffective tissue perfusion, hyperthermia, risk for shock, deficient fluid volume, acute confusion.

Assessment

Subjective: chills, malaise, confusion, decreased urine output.

Objective: temp > 38 or < 36 °C, HR > 90, RR > 22, altered mentation, MAP < 65, SpO_2 ↓, lactate > 2, WBC > 12 or < 4, positive cultures, mottled skin, cap refill > 3 s.

Priority NANDA-I diagnoses

1. Ineffective tissue perfusion AEB MAP 58, lactate 4.2, mottling.
2. Hyperthermia AEB temp 39.2 °C.
3. Risk for shock.
4. Deficient fluid volume.
5. Acute confusion.

NOC outcomes

- MAP ≥ 65 mmHg within 3 h.
- Lactate cleared (≥ 10% reduction) within 6 h.
- Urine output ≥ 0.5 mL/kg/h.
- Afebrile within 24 h.
- Mentation returns to baseline.

Hour-1 Bundle (Surviving Sepsis 2021)

- **Lactate + blood cultures × 2 BEFORE antibiotics** — antibiotics reduce culture yield within minutes.
- **Broad-spectrum antibiotics within 1 h** — every hour of delay ↑ mortality ~7%.
- **30 mL/kg crystalloid for hypotension or lactate ≥ 4**.
- **Norepinephrine to MAP ≥ 65 if fluid-refractory** — first-line vasopressor.
- **Reassess volume + perfusion after resuscitation** (passive leg raise, cap refill).
- **Source control**: remove infected lines, drain abscesses.
- **VTE + stress-ulcer prophylaxis, HOB 30°, glucose 140–180**.

Evaluation

By hour 6: MAP 72 on weaning norepinephrine, lactate 1.6, UO 0.7 mL/kg/h, mentation clearing. Bundle compliant.

Frequently Asked Questions

Why is Hour-1 so critical?

Surviving Sepsis 2021 collapsed the 3- and 6-hour bundles because every hour of antibiotic or fluid delay raises mortality by ~7%.

How much fluid for septic shock?

Which vasopressor first?

Norepinephrine. Add vasopressin (0.03 U/min fixed) next, then epinephrine.

Related Resources

→ Pneumonia care plan→ Heart failure care plan→ SOAP notes guide