### INFECTIONOUS 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.

### 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

<table>
<thead>
<tr>
<th>Source</th>
<th>Common pathogens</th>
<th>Empiric therapy</th>
<th>Duration of therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen</td>
<td>Gram negative rods, Enterobacter, Enterococcus, Bacteroides</td>
<td>Piperacillin-Tazobactam Ceftriaxone+Metronidazole Fluoroquinolone+Metronidazole</td>
<td>4-7 days</td>
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<tr>
<td>Urinary tract</td>
<td>E.Coli and other Enterobacteriaceae</td>
<td>Piperacillin + Tazobactam fluoroquinolones</td>
<td>7-14 days depending on severity</td>
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<tr>
<td>Pulmonary – Community acquired</td>
<td>S.Pneumoniae, H. influenza, mycoplasma, legionella</td>
<td>Ceftriaxone+Azithromycin Levofoxacin</td>
<td>5-7 days</td>
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<tr>
<td>Pulmonary – hospital or ventilator acquired</td>
<td>Staphylococcus aureus, gram negative rods, pseudomonas</td>
<td>Piperacillin +/-Vancomycin+/-aminoglycoside</td>
<td>7 days</td>
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<tr>
<td>Line or device related</td>
<td>Staphylococcus aureus Candida species</td>
<td>Vancomycin, Daptomycin (if resistant to vancomycin)</td>
<td>Depending on organism 2-4 weeks</td>
</tr>
</tbody>
</table>

### COMMON PATHOGENS AND ANTIMICROBIALS

COVID Activated Emergency Scaling of Anesthesiology Responsibilities (CAESAR) ICU
Content developed and sourced in collaboration with ASA, SOCCA, SCCM and APSF
Dated: 03/26/2020
COVID19 RELATED ID CONSIDERATIONS

**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

**REMEMBER!**

De-escalate antibiotics based on culture results
Consult infectious diseases or consultant intensivist for MDR or complicated infections

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.