



SEPTIC SHOCK

- A. IL1 receptor antagonists and monoclonal antibodies block IL1 effects.
- B. COX inhibitors block prostaglandin synthesis. Can alleviate symptoms but TNFα and IL8 are higher after administration.
- C. Monoclonal antibodies to ICAM-1 can prevent tissue damage. (animal studies)
- D. Antimicrobial therapy should be used ASAP, with maximum doses given IV. Combinations help until cultures show which bacteria. Bactericidals should be used.
- E. Removal of sepsis source should be done immediately after culture sample. Remove and replace catheters in new locations, review all possibilities and remove them. There may be more than one source.
- F. Pressor Therapy:
 - IV fluids (1-2L over 2 hours)-monitor wedge pressure
 - Dopamine (B-adrenergic at low dose)
 - NorEpi (α-agonist)
 - Hydrocortisone in immunocompromised pt