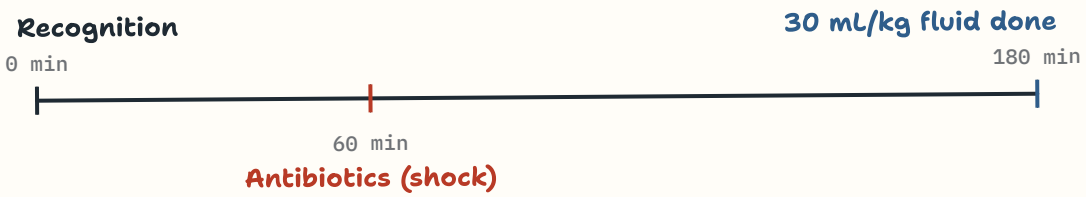
Sepsis: the first hour

Recognise it, then act in order



Step by step

1. Lactate (repeat if high)
2. Blood cultures, without delaying antibiotics
3. Antibiotics
4. Crystalloid, at least 30 mL/kg in 3 hours
5. Norepinephrine if BP stays low (MAP 65)
6. Source control: drain or remove an infected focus early

Situation	Timing
Septic shock or probable sepsis	Immediately, within 1 hour
Possible sepsis, no shock	Investigate briefly; within 3 hours if still worried
Infection unlikely, no shock	Hold and monitor closely

Antibiotic timing

Rule of thumb

Normal BP does not exclude sepsis

qSOFA: RR ≥ 22, SBP ≤ 100, altered mentation

Never wait for a scan or a culture result before antibiotics

Exam traps

- qSOFA is not a stand-alone screening tool.
- Do not delay antibiotics for imaging or culture results.
- Vasopressors can start peripherally; do not wait for a central line.

Sepsis and septic shock: the first hour in order

Video, written lesson, practice question and sources: medservatory.com/usmle-step-2-ck/emergency-acute-care/sepsis-septic-shock-first-hour-bundle

For exam study only, not medical advice. Follow local guidelines and your lab's ranges.
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