



History and Physical Examination Elements for Sepsis

Element	Notes
Known infection	An active infection is the cause of the sepsis syndrome.
Fevers, rigors, hypothermia	Suggest the possibility that infection and sepsis are present.
Indwelling intravenous catheters	Possible source of infection.
Indwelling urinary bladder catheters	Possible source of infection.
HIV positive	Increases risk of infection and sepsis.
Previous organ transplantation	Increases risk of infection and development of sepsis.
Recent malignancy or chemotherapy	Increases risk of infection and development of sepsis.
Recent high dose corticosteroids	Increases risk of infection and development of sepsis.
Preexisting cardiac, hepatic, disease, or advanced age	Premorbid health status may negatively affect outcomes in patients with sepsis.
Altered mental status or confusion	Encephalopathy is often associated with sepsis.
Acute onset of cough, dyspnea, or shortness of breath	Suspect pneumonia as a possible source of sepsis.
Abdominal pain, nausea/vomiting, ileus, diarrhea	Suspect intra-abdominal source of sepsis, <i>C. difficile</i> , or noninfectious SIRS state like pancreatitis.
Urinary symptoms	Suspect urinary tract source, i.e., urosepsis.
Neck stiffness, headaches	Suspect meningitis, meningoencephalitis as possible source.

Skin breakdown, burns, pressure ulcers	Suspect skin as possible source of infection.
Recent hospitalization, medical procedure, stay in health care facility, or antibiotic use	Medical procedures may be associated with subsequent risk of infection. Also may need to consider drug-resistant organisms in all of these settings, particularly because of antibiotic exposure.
Travel, occupational, and social history	Patient's travel, occupational, social, and potential exposure history should be taken into account when considering the possible source of sepsis. Also potential exposures should be considered in the decision to isolate patients admitted with sepsis.
Diet	In patients with cirrhosis, consumption of oysters increases the risk of <i>Vibrio vulnificas</i> infection. Consumption of unprocessed soft cheese increases risk of listeriosis, particularly in pregnant patients.
Vital signs	Look for tachypnea, tachycardia, fever, hypothermia, and arterial hypotension, which are indicative of systemic inflammatory response and, in the presence of documented or suspected infection, suggest the presence of sepsis.
Complete skin examination, including areas covered by casts or other devices	Look for characteristic rashes that may be a clue to a diagnosis (e.g., diffuse erythroderma in toxic shock syndrome or purpura fulminans in meningococemia). Livedo reticularis is an early sign of inadequate circulation and may suggest sepsis. The presence of palpable subcutaneous gas suggests soft tissue infection.
Examination of all intravenous catheter sites for erythema, tenderness, and fluctuance	Catheter-related blood stream infections should be considered an important source for the development of sepsis in patients with intravenous catheters.
Head and neck exam	Look for possible causes of sepsis, including sinusitis, otitis, and meningitis.
Cardiac exam for murmur or rub	May suggest endocarditis or pericarditis, respectively, as possible sources of sepsis.
Lung exam for focal or diffuse findings	Focal exam findings suggest pneumonia as the possible cause of sepsis. With diffuse findings, consider either pneumonia as the primary cause or the development of acute lung injury secondary to sepsis.
Abdominal exam for tenderness, absent or abnormal bowel sounds	Careful abdominal exam is important to evaluate for a possible intra-abdominal source. Also, ileus may develop in patients with severe sepsis.
Neurologic exam for altered mental status	Indicative of systemic inflammatory response and in the presence of documented or suspected infection suggests the presence of sepsis. Alternatively may be a sign of meningitis or encephalitis.

HIV = human immunodeficiency virus; SIRS = systemic inflammatory response syndrome.

Table adapted from *Physicians Information and Education Resource (PIER)*, Sepsis module.