

### FLCCC Practitioner Pearls for Treating Sepsis





# There are around 50 million cases of sepsis per year globally. 1 in 5 deaths is associated with sepsis.



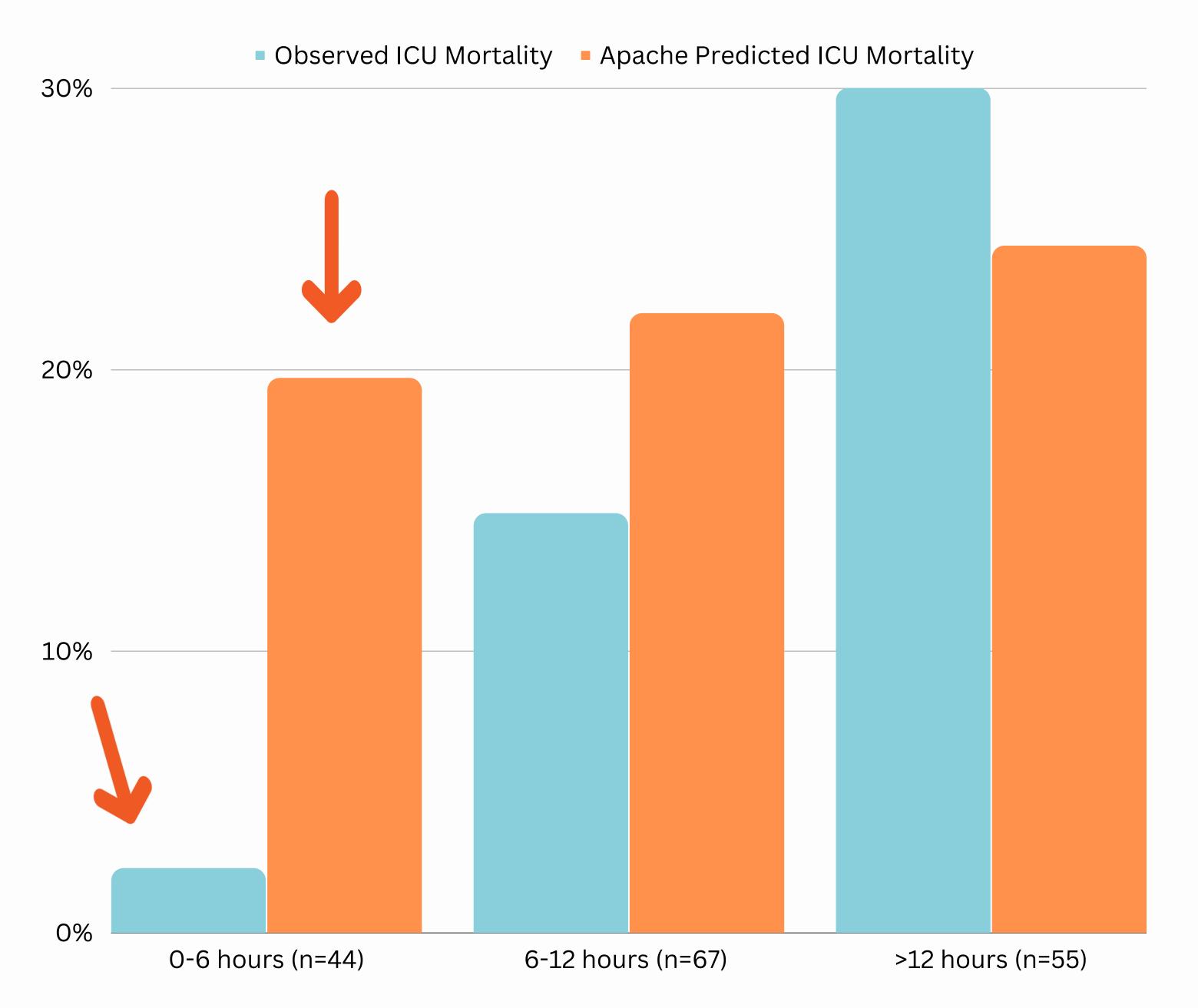
#### Sepsis is a time-sensitive disease.



### Treatment should begin before a diagnosis is confirmed.



### TREATMENT MUST BE STARTED WITHIN 10-12 HOURS OF HOSPITAL ADMISSION; BEST WITHIN 6 HOURS



HOURS FROM EMERGENCY DEPARTMENT TRIAGE

## These 8 clinical tips will help you manage and treat your hospitalized sepsis patients.



# Do not wait for the diagnosis to begin treatment with antibiotics.



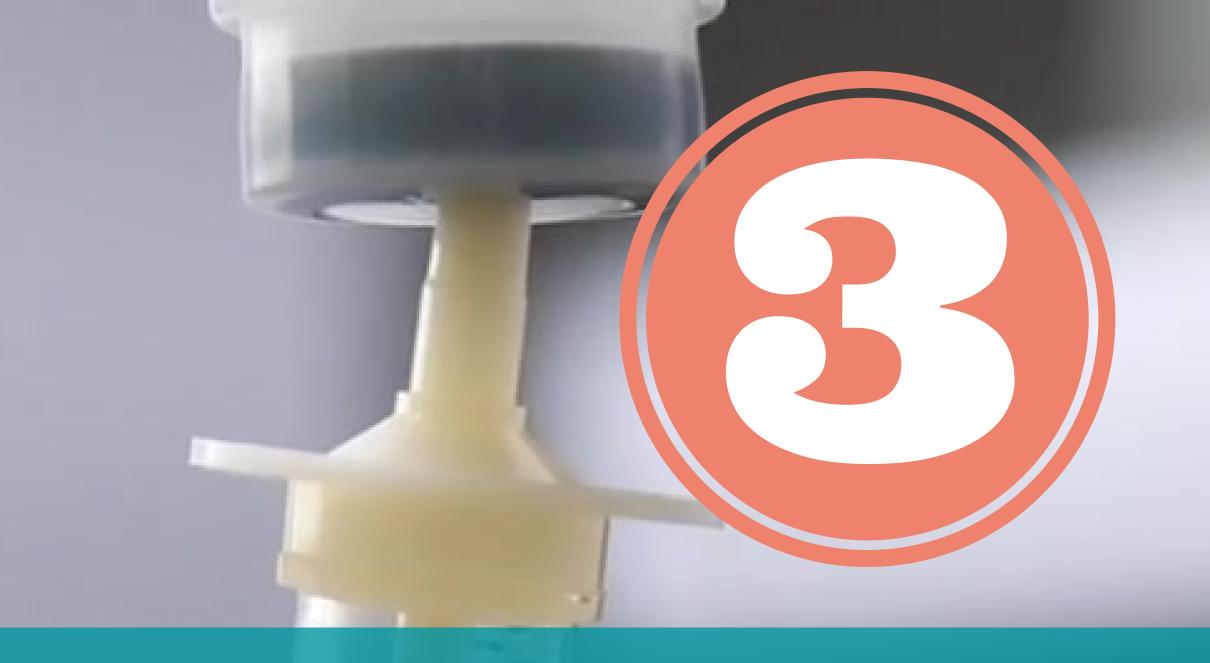


### To diagnose sepsis, a clinician should check these labs:



- Blood cultures
- PCT (precalcitonin)
- · CBC with differential
- Ferritin
- Electrolyte panel with attention to monitoring
- Magnesium



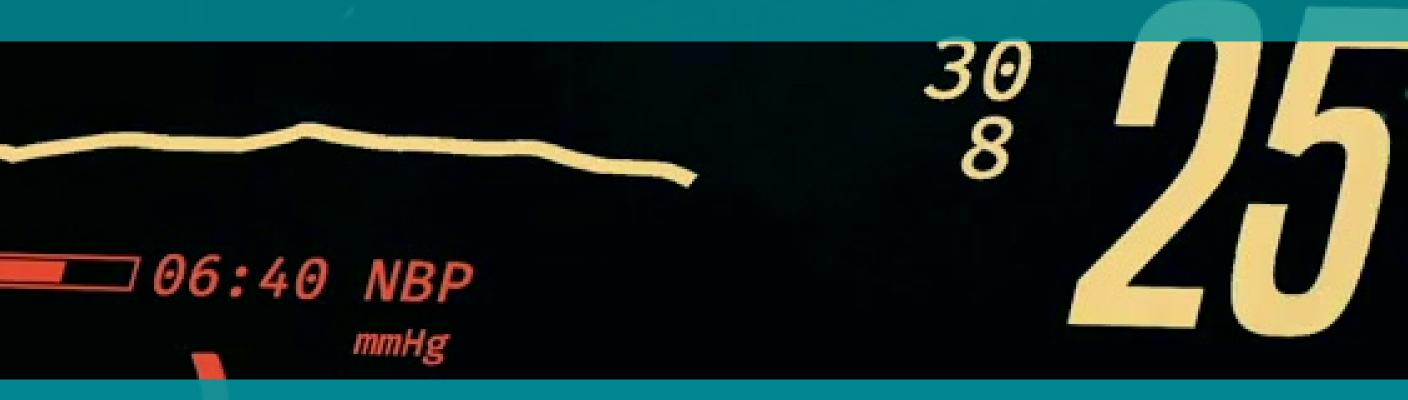


## It is important to note that too much fluid will increase mortality of the septic patient.





For the patient that needs support of the vascular system, a norepinephrine infusion is recommended.





# The FLCCC MHAT Treatment Protocol should be used as the guide for treatment.



#### The FLCCC MHAT Protocol includes:

- Melatonin
- Hydrocortisone
- Ascorbic Acid (vitamin C)
- Thiamine





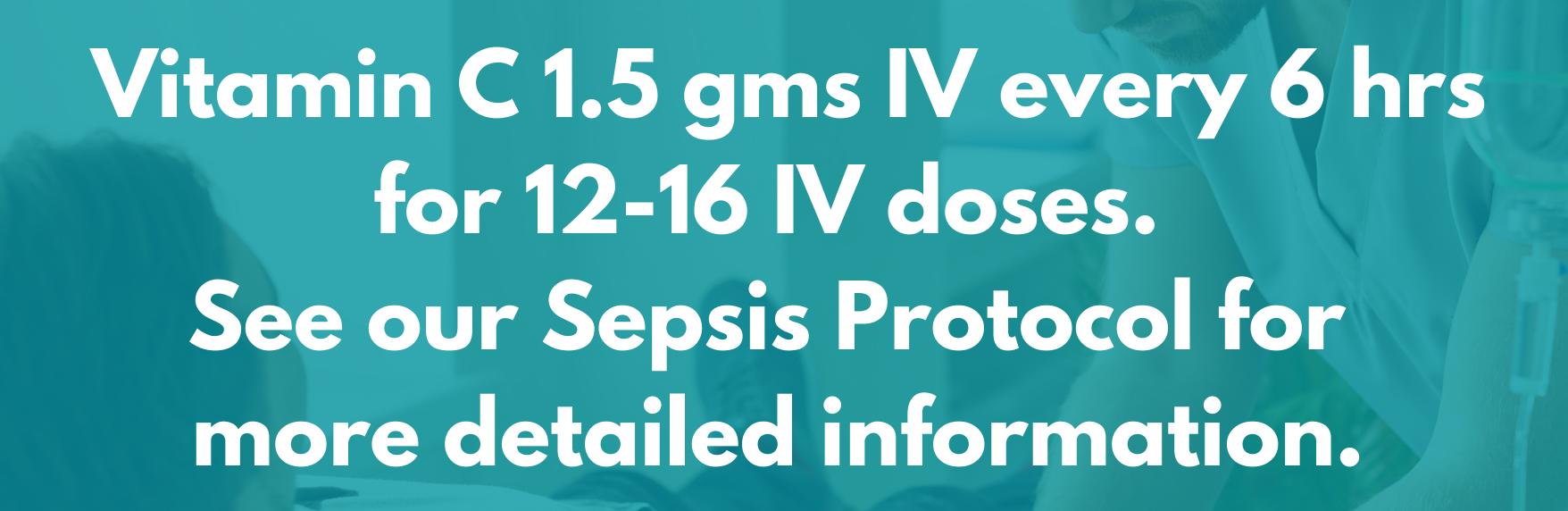




Hydrocortisone 50 mg every 6 hours for 4 days and until the patient is off vasopressors. If treatment is less than 10 days, tapering the dose is not needed.









Thiamine 200 mg IV every 12 hours.



#### For more information on the Sepsis Care Protocol



https://covid19criticalcare.com/protocol/ sepsis-care/



## For more information about the nutraceuticals in the MHAT protocol, see the FLCCC 'From A to Zinc' Nutrient Guide:



https://geni.us/flccc-nutrient-guide





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