Figure 1: The protocol for gastrointestinal perforation with associated septic shock

**Diagnosis:** GI perforation associated with septic shock
- SIRS criteria and systolic blood pressure ≤ 90 mmHg or lactate ≥ 4 mmol/L after 20-30 ml/Kg crystalloid IVF

**Start immediately after admission**

Perform central venous catheterization while continuing crystalloid or colloid IVF resuscitation (500–1000 ml bolus every 30 min)

- **CVP**
  - < 8 mmHg → Crystalloid or Colloid IVF
  - 8-12 mmHg*

- **MAP**
  - < 65 mmHg → Vasopressor(s)
    - Norepinephrine or Dopamine preferred **
  - ≥65 mmHg

- **ScvO2**
  - < 70% → Transfusion of red cells to Hematocrit ≥30%
  - ≥70% ***

**Goal Achieved**

- **Yes**
  - Try to complete within 6 hours admission
- **No**
  - Resuscitation complete, Re-evaluation

**Start surgical procedure immediately after diagnosis**

**Simultaneous processing**

**General Anesthesia**
- Mechanical ventilation
- Sedation & Inotropic agent

**Surgical Intervention**
- Complete resection of a necrotic intestinal tract
- Intraperitoneal drainage

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