

Protocol 700-M6

Sepsis

Rev: 2/18

BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Prepare for transport/transfer of care. Be sure to notify ALS responders of your suspicion for sepsis

ALS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Check blood sugar. BG >140 mg/dl in a non-diabetic patient may be a sign of sepsis. Less commonly, hypoglycemia can occur with overwhelming sepsis. Treat per Protocol 700-M7 *Diabetic Emergencies*.
- ❖ Check ETCO₂. ETCO₂ <25mmHg is associated with sepsis.
- ❖ Transport
- ❖ Maintain SAO₂ at 95% or greater
- ❖ Initiate fluid resuscitation in patients who present with signs and symptoms of severe sepsis or septic shock. Administer up to 30 ml/kg NS bolus.
- ❖ Administer fluid cautiously in patients with structural heart disease (cardiomyopathy, severe valvular disease, etc.) or CHF. Administer in 10ml/kg boluses, repeating as indicated as long as the patient shows no signs of fluid overload (pulmonary edema, hypertension).
- ❖ Contact hospital as soon as possible to report that you are transporting a patient with “suspected sepsis.”
- ❖ Report and handoff at the receiving hospital should include all history and physical exam information, including that the patient has “suspected sepsis.”

Sepsis Risk Factors
<ul style="list-style-type: none"> ▪ >70 years of age ▪ History of diabetes ▪ Recent hospitalization or living at a SNF ▪ Recent surgery or invasive procedure ▪ Hx of cancer, kidney disease, malnutrition, alcoholism, other immune compromising diseases

Special Considerations

- ❖ **Sepsis Evaluation**
 - Gather accurate patient information including risk factors for sepsis:

Sepsis Criteria			
Vital Signs (Any 2)	▪ Heart rate >90	▪ Respiratory rate >20	▪ Temp >100.4 or < 96.0
Signs and Symptoms (Any 2)	▪ SOB, tachypnea, cough ▪ Abdominal pain, vomiting, diarrhea	▪ Skin infection ▪ General weakness, lethargy, ALOC, esp. in the elderly	▪ Current infection diagnosis ▪ Urinary pain, urinary frequency, flank pain

- Note: The single most important element of the pre-hospital management of sepsis is recognizing that a patient might be septic, and communicating this information to other responders and the receiving hospital as soon as possible.

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