

Protocol 700-M6-P

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 congenital heart disease. Administer in 10ml/kg boluses, repeating as indicated as long as the patient shows no signs of fluid overload (bulging fontanel, 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"> ▪ Less than 10 years. * < 3 months of age very high risk ▪ Hx of diabetes ▪ Recent hospitalization ▪ Recent surgery or invasive procedure ▪ Hx of cancer, kidney disease, malnutrition, other immune compromising diseases

Special Considerations

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

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Sepsis Criteria			
Vital Signs (Any 2)	<ul style="list-style-type: none"> ▪ Newborns HR >90 ▪ Infants HR > 170 ▪ 3-18 y/o HR >130 	<ul style="list-style-type: none"> ▪ Newborns RR >60 ▪ Infants RR > 40 ▪ 3-18 y/o RR >25 	<ul style="list-style-type: none"> ▪ Temp >100.4 or < 96.0
Signs and Symptoms (Any 2)	<ul style="list-style-type: none"> ▪ SOB, tachypnea, cough ▪ Abdominal pain, vomiting, diarrhea 	<ul style="list-style-type: none"> ▪ Skin infection ▪ General weakness, lethargy, ALOC 	<ul style="list-style-type: none"> ▪ 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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