



## Protocol 700-M6-P: Sepsis

Revision 5/22/18  
Effective 8/1/18

### 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 ETCO<sub>2</sub>. ETCO<sub>2</sub> <25mmHg is associated with sepsis.
- ❖ Transport
- ❖ Maintain SAO<sub>2</sub> at 95% or greater
- ❖ Initiate fluid resuscitation in patients who present with signs and symptoms of severe sepsis or septic shock. Administer up to 40 ml/kg NS bolus.
  - Administer fluid cautiously in patients with congenital heart disease. Administer in 10ml/kg boluses, repeating as indicated if the patient shows no signs of fluid overload (bulging fontanel, pulmonary edema, hypertension).
- ❖ If inadequate improvement after 40 ml/kg **Normal saline**
  - Profound shock:
    - Push-dose **Epinephrine** 0.1 ml/kg (1 mcg/kg) very slow IV/IO every 3-5 minutes prn SBP < 90. See Procedure 708 *Push-dose Epinephrine Mixing Instructions*
    - Titrate to maintain SBP > 90mmHg
    - For patients ≥ 5 kg, standard adult doses of 0.5 ml (5 mcg) will apply
- ❖ Obtain Base Station order whenever possible but do not delay care if any unusual delay.
- ❖ 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

- 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:
  - Note: The single most important element of the prehospital 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.



- recognizing that a patient might be septic and communicating this information to other responders and the receiving hospital as soon as possible.

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