



Protocol 700-M6: Sepsis

Revision 5/22/18
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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 <25 mmHg is associated with sepsis.
- ❖ Transport and contact hospital with sepsis alert
- ❖ Maintain SAO₂ at 95% or greater
- ❖ Treat Shock
 - Up to 30 ml/kg **Normal saline** with signs and symptoms of severe sepsis or septic shock.
 - Use cautiously in patients with structural heart disease (cardiomyopathy, severe valvular disease, etc.) or CHF. Administer in 10ml/kg boluses, repeating as indicated if the patient shows no signs of fluid overload (pulmonary edema, hypertension).
 - Profound hypotension refractory to fluid resuscitation
 - Push-dose **Epinephrine** 0.5 ml (5 mcg) very slow IV/IO every 3-5 minutes prn SBP < 90. See Procedure 708 *Push-dose Epinephrine Mixing Instructions*
- ❖ 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

- >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	▪ Skin infection	▪ Current infection diagnosis
	▪ Abdominal pain, vomiting, diarrhea	▪ General weakness, lethargy, ALOC, esp. in the elderly	▪ Urinary pain, urinary frequency, flank pain

- 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.