

Sepsis

For patients with suspected sepsis (i.e., signs suggestive of sepsis including fever, tachycardia, suspected infection)

History

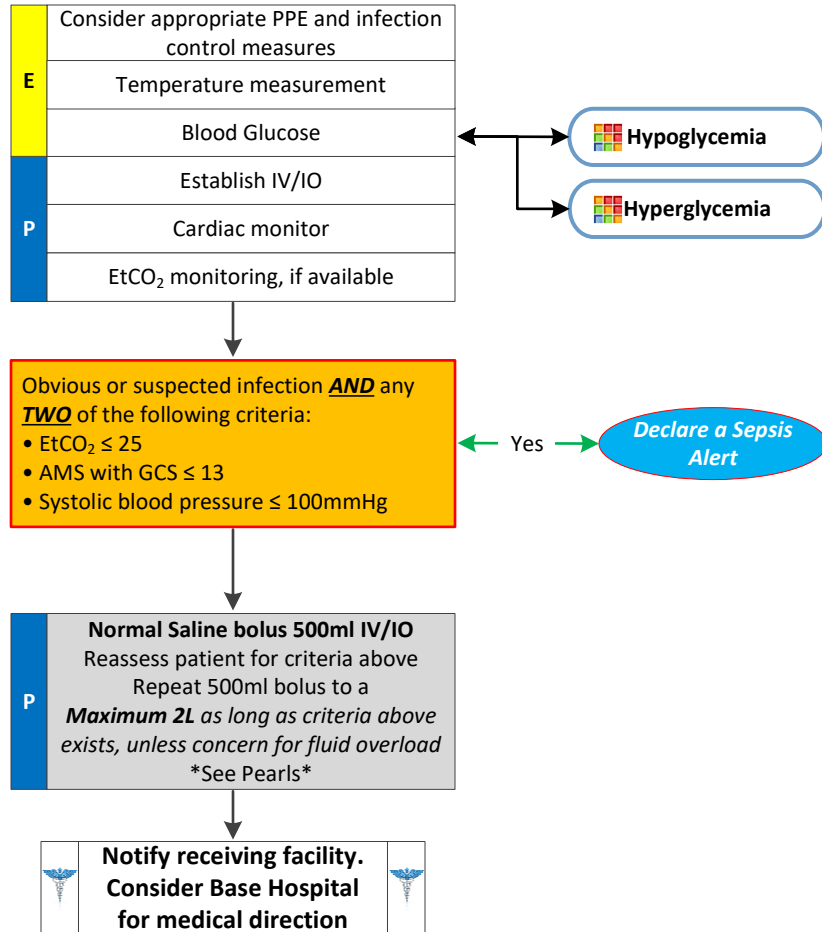
- Age (common in elderly and very young)
- Presence and duration of fever
- Previously documented infection or illness (UTI, pneumonia, meningitis, encephalitis, cellulitis, or abscess)
- Recent surgery or invasive procedure
- Immunocompromised
- Bedridden or immobile patients
- Prosthetic or indwelling devices
- Immunization status

Signs and Symptoms

- Hyper or hypothermia
- Rash or excessive bruising
- Chills
- Myalgia
- Markedly decreased urine output
- AMS
- Delayed capillary refill
- Hypo/Hyperglycemia

Differential

- Shock (hypovolemic or cardiogenic)
- Dehydration
- Hyperthyroidism
- Hypothyroidism
- Medication or drug interaction
- Non-septic infection
- Allergic reaction or anaphylaxis
- Toxicological emergency
- Hyperthermia/heat stroke
- DKA/HHS



Pearls

- Early recognition of sepsis allows for attentive care and early administration of antibiotics.
- Aggressive IV fluid therapy is the most important prehospital treatment for sepsis. Suspected sepsis patients should receive repeated fluid boluses (to a Maximum of 2L) while being checked frequently for signs of pulmonary edema, especially in patients with a known history of CHF or ESRD on dialysis. STOP fluid administration in the setting of pulmonary edema.
- Attempt to identify source of infection (e.g., skin, respiratory, etc.).

