## 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** Differential Hyper or hypothermia Shock (hypovolemic or cardiogenic) Rash or excessive bruising Dehvdration Chills • Hyperthyroidism • Myalgia • Hypothyroidism Markedly decreased urine output Medication or drug interaction • Non-septic infection AMS • Delayed capillary refill · Allergic reaction or anaphylaxis Hypo/Hyperglycemia Toxicological emergency Hyperthermia/heat stroke • DKA/HHS Consider appropriate PPE and infection control measures Ε Temperature measurement Blood Glucose 📕 Hypoglycemia Establish IV/IO Hyperglycemia Р Cardiac monitor EtCO<sub>2</sub> monitoring, if available Obvious or suspected infection AND any **TWO** of the following criteria: Declare a Sepsis • EtCO<sub>2</sub> ≤ 25 Yes Alert • AMS with GCS  $\leq$  13 • Systolic blood pressure ≤ 100mmHg Normal Saline bolus 500ml IV/IO Reassess patient for criteria above Repeat 500ml bolus to a Ρ Maximum 2L as long as criteria above exists, unless concern for fluid overload \*See Pearls\* Notify receiving facility. **Consider Base Hospital** for medical direction

**Treatment Protocol** 

Adult Medical Treatment Protocols

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Effective October 201

## 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.).

