

Sepsis

Effective: 11/01/2022

Supersedes:
N/A**Referenced Procedures:** None**Goals for Patient Care:**

- Identify and begin to treat potential sepsis
- Recognition of and rapid transport to appropriate level of care

Medications:

MEDICATION	ADULT	PEDIATRIC (Refer to Handtevy)
<u>NORMAL SALINE</u>	500mL, IV/IO	20mL/kg, IV/IO
<u>PUSH DOSE EPI</u>	10 mcg IV push dose Q 3-5 minutes to SBP above 90 or MAP above 65	1mcg/kg push dose Q 3-5 minutes to age appropriate SBP or MAP - Max dose 10mcg per IV push
<u>NOREPINEPHRINE</u>	5-15 mcg/min, titrated to SBP >90 or MAP >65.	0.05-0.1 mcg/kg/min titrated Q5 to age appropriate SBP or MAP Max dose 2 mcg/kg/min OR 30 mcg/min
	Refer to Norepinephrine formulary for drip rate	Refer to Norepinephrine formulary for drip rate

Procedures/Interventions:

Obtain history, perform physical exam, and complete set of vitals.

Consider severe sepsis in patients with the following 3 criteria:

- Suspected infection
- ETCO2: 25mmHg or less
- Presence of modified Systemic Inflammatory Response syndrome (mSIRS) if the **patient has at least 2 of the following**
 - Temperature >100.4 F (38C) or < 96.8 F (36C)
 - Respiratory rate > 20/min
 - Heart rate > 90bpm
 - MAP <65 mmHg

- Start IV
- Administer Oxygen as needed
- Monitor for signs of hypoperfusion. If hypoperfusion or MAP <65mmHg, administer normal saline Once MAP is >65mmHg begin a maintenance infusion.
- Consider dopamine if significant hypotension/hypoperfusion despite IV fluid administration or if clinical scenario is appropriate (CHF patient in volume overload, etc.)

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- Monitor ECG/telemetry
- Initiate a second IV if time permits
- Transport and notify receiving facility of possible sepsis (Sepsis alert)

Considerations

Considerations for crews on scene prior to ambulance arrival.

- Check blood glucose and treat as required
 - If low consider treatment options to raise BG within scope of practice and equipment availability
 - If high consider other causes for symptoms and await ambulance arrival.
- Check all vital signs and treat for shock within scope of practice
 - Elevate legs, keep warm, apply O2, Iv and fluids
- Ask about pt's medications, If they have been taking medications appropriately, Eating habits.
- Ask about recent infections and do a full body assessment for injuries or infections
- Pt's can refuse transport at any time. If pt's found to have normal vitals, BG, mental status without any other complaints consider cancelling ambulance response if department SOP/SOG's allow. If not ambulance should continue to obtain pt refusal.

Give full report to arriving Paramedic of all information gathered, treatments rendered, and whether the patient would like to be transported or not