Sepsis

It is the purpose of this protocol to recognize and treat sepsis early to promote optimal care and survival of patients who may be septic. This protocol applies to patients >14 years of age with a clinical suspicion of systemic infection who have 2 or more of the inclusion criteria. These patients are defined as meeting criteria for suspicion of sepsis and should be evaluated and treated per this protocol.

INCLUSION CRITERIA

1. Clinical suspicion of systemic infection, and two or more of the following:
   A. Hyperthermia temp >38° C (100.4 F)
   B. Hypothermia temp<36° C (96.8 F)
   C. Heart rate >90bpm
   D. Respiratory rate <10 or >20 per minute
   E. SBP <90 mmHg or evidence of hypoperfusion

Treatment

1. Follow **General Pre-Hospital Care-Treatment** Protocol.
2. Place patient in supine position.
3. Start large bore IV catheter per **Vascular Access and IV Fluid Therapy-Procedure Protocol**.
   a. Start second large bore IV catheter, if time permits.
4. Place on cardiac monitor and treat rhythm according to appropriate protocol.
5. Place on continuous pulse oximetry.
6. Check blood glucose (may be MFR skill, see **Blood Glucose Testing-Procedure Protocol**
7. If the patient meets inclusion criteria, administer a **NS** or **LR** IV/IO fluid bolus up to 1 liter, wide open. Reassess the patient, repeat boluses to a maximum of 2 L **NS** or **LR** as long as vital sign abnormalities persist.
   A. Monitor for pulmonary edema.
   B. If pulmonary edema presents, stop fluids, and contact Medical Control for direction.
8. If hypotension persists, refer to **Shock-Treatment Protocol**.
9. Monitor ETCO2 level (see **End Tidal Carbon Dioxide Monitoring-Procedure Protocol**) and report levels outside of normal range (35-45 mm Hg) to the receiving facility as soon as possible