

POLICIES AND PROCEDURES

POLICY: 554.40 TITLE: Sepsis

EFFECTIVE: 4/10/19 REVIEW: 4/2024

SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

SEPSIS

I. <u>AUTHORITY</u>

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. <u>PURPOSE</u>

To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.

III. PROTOCOL

Sepsis is a life-threatening, systemic infection with treatment centering on early recognition, hospital notification, fluid replacement and early antibiotics.

Sepsis Risk Factors Signs/Symptoms Differential Age (elderly/newborn) SIRS (Systemic Inflammatory Hypovolemia Diabetes Response Syndrome) which is two or Hypothermia more of the following: Adrenal Crisis Immune compromise Temperature >100.4F or <96F Alcoholism/IV drug abuse Thyroid Storm Heart Rate > 90 Malnutrition Anticholinergic Crisis Respiratory Rate > 20 Recent surgery Overdose (eg: Aspirin) Indwelling devices (Foley, IV lines) Renal Disease Does patient have suspected or documented infection? No Yes MVEMSA Policy # 554.40 **PEARLS** "SIRS" means Systemic Inflammatory Response Does the Patient meet TWO or Syndrome. more of the following SIRS SIRS + Infection = SEPSIS No. criteria? Observe and Temperature is extremely Temp > 100.4 or < 96monitor useful in identifying SIRS HR > 90 Patient's with Sepsis are volume depleted, and can RR > 20 require significant boluses of fluid A numerical ETCO2 value Yes should be documented as early as possible after first bolus is begun, and repeat measurement should be Call "Sepsis Alert" to Receiving Hospital documented on hospital arrival as well. Start IV Р Start IO Finger stick lactate is not Normal Saline bolus 500cc IV/IO. mandatory, only if proper Reassess vitals and lung sounds equipment is available. after each 500cc bolus. One lactate value should be May repeat 500cc boluses IV/IO documented in the PCR. until 20cc/kg is administered OR BP > 100 systolic AND HR < 90. Hold repeat boluses if signs of volume overload. Obtain finger stick blood glucose Apply ETCO2 Obtain finger stick lactate, if available Push dose Epinephrine 0.2ml of 1:10,000 every 5 minutes to achieve systolic

BP >90 mmHg