

POLICY: 554.40
TITLE: Sepsis

EFFECTIVE: 07/01/2024
REVIEW: 07/2027
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 2

SEPSIS

I. AUTHORITY

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

II. PURPOSE

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

III. PROTOCOL

Sepsis is a potentially lethal medical condition that is characterized by a whole-body inflammatory state called Systemic Inflammatory Response Syndrome (SIRS). The immune system develops this inflammatory response to microbes in the blood, urine, lungs, skin or other tissues. The syndrome can include fever, tachycardia, tachypnea and hypotension.

Sepsis is more common in the elderly, newborns, diabetics, and persons with a compromised immune system. Other risk factors include cancer, renal disease, alcohol/drug abuse, malnutrition, hypothermia, recent surgery or invasive procedure.

Patient should be presumed to be septic if the patient meets two or more of the following criteria with no other identifiable cause:

1. Temperature > 100.4° or < 96°
2. Heart rate > 90
3. Respiratory rate > 20

**Provider Key: F = First Responder/EMR
P = Paramedic**

**E = EMT O = EMT Local Optional SOP
D = Base Hospital Physician Order Required**

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry <94% or signs respiratory distress or hypoperfusion.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
SEPSIS ALERT: if sepsis criteria met.		X	X	X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
FLUID BOLUS: administer 250 mL NS boluses up to a total of 30 mL/kg. Reassess the patient after each bolus administration. Use caution when administering large amounts of fluid to patients with CHF and/or renal failure.				X	
BASE CONTACT: for additional fluid orders.					X

	F	E	O	P	D
ACETAMINOPHEN: 15 mg/kg, oral suspension or IV infusion. IV infusion administer over 15 minutes. Max dose 1000 mg. No repeat dose.				X	
PUSH DOSE EPINEPHRINE: for hypotension – titrate to SBP \geq 90 <ul style="list-style-type: none"> Mix 1 mL of Epi 1:10,000 (0.1 mg/mL) with 9 mL of NS = concentration of 1:100,000 (0.01 mg/mL) Label syringe “epinephrine 10 mcg/mL” 0.5 – 1 mL (5 – 10 mcg) IVP every 1 – 5 minutes If SBP does not stabilize \geq 90 after two doses, consider epinephrine drip. Refer to 554.88 RX GUIDELINES.				X	