Sepsis

It is the purpose of this policy to recognize and treat sepsis early to promote optimal care and survival of patients who may be septic. This protocol applies to patients 18 years and above 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, <u>and two or more of the following</u>:
   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 min
   E. SBP <90 mmHg or evidence of hypoperfusion

<u>Pre-Medical Control</u>

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-Hospital Care** protocol.
2. Place patient in supine position.
3. Administer high flow oxygen via non-rebreather, unless contraindicated.

SPECIALIST/PARAMEDIC

4. Start 1 large bore IV catheter.
5. Start 2nd large bore IV catheter, if time permits.

PARAMEDIC

1. Place on cardiac monitor and treat rhythm according to appropriate protocol.
2. Place on continuous pulse oximetry.
3. Measure blood glucose.
4. If the patient meets inclusion criteria, administer a NS IV/IO fluid bolus up to 1 liter, wide open. Reassess the patient, repeat boluses to a maximum of 2 L NS as long as vital sign abnormalities persist.
5. **(Optional)** Measure blood Lactic Acid level. Report level to the receiving facility during patient report. If $\geq$ 4.0 mmol/L report this information as soon as practical.

<u>Post Radio</u>

PARAMEDIC

6. Consider Dopamine Drip (Inotropin) 400 mg in 250 ml of NS if the patient remains hypotensive <90 mmhg after the 2 L NS bolus. Titrate to maintain a systolic BP above 90 mmHg.