M080 SEPSIS PROTOCOL

EMT	AEMT	EMT-I	Paramedic

Evaluate and Identify potential sepsis – Is there suspected or confirmed infection?

- ABC's
- Complete set of vital signs
- Full Monitoring with SPO2 and CO2
- O2 as appropriate

Evaluate potential **qSOFA** criteria:

- SBP ≤ 100 mmHg
- RR ≥ 22 breaths/ min
- Altered LOC GCS < 15

Are 2 or more criteria met?

no →

- Routine care
- IV, O2, monitor
- Transport to closest appropriate facility
- Continue to re-assess vital signs and qSOFA criteria and hypoperfusion through out transport.

yes ↓

Is there evidence of hypoperfusion? (ANY 1 OF THE FOLLOWING):

no →

- Hypotension for age
- Altered mental status (excluding simple febrile seizure)
- Delayed capillary refill and mottling
- MAP < 65 mmHg
- ETCO2 sustained ≤ 25 mmHg
- SBP < 90 mmHg

yes ↓

- IV fluid bolus @ 20 ml/Kg Lactated Ringers (if no sign of fluid overload)
- 2 Large bore IV's
- Transport to closest appropriate facility
- 2 Liters of fluid may be administered without contacting medical control
- Check breath sounds for edema
- If CPAP is used, limit pressure to 5 cmH2O (10 cmH2O for pneumoseptic pts)

NOTIFY HOSPITAL OF SEPSIS ALERT

For ongoing hypotension, poor perfusion or pulmonary edema, consider Vasopressor Infusion

Hypotension for Age

Age	Systolic Blood Pressure
<1 year	<70 mm Hg
1-10 years	<70 + (2 x age in years)
>10 years	<90 mmHg

Pediatric Fluid Administration

- For children < 40 kg or not longer than length-based tape, hand pull/push fluid with a 60 mL syringe and 3 way stop cock
- The treatment of compensated shock requires aggressive fluid replacement and may need to repeat fluid bolus up to 60 ml/kg.
- The Goal of therapy is to normalize vital signs within the 1st hour.
- Hypotension is a late sign in pediatric shock patients.

Principles of Sepsis

- Multiple studies demonstrate the benefit of early recognition and treatment of sepsis, including the prehospital setting.
- Early hospital notification of sepsis may lead to shorter time to IV fluid and IV antibiotics and increase survival.
- Patients with septic shock require aggressive IV fluid resuscitation.
- ETCO2 has been demonstrated to correlate with serum lactate levels and predictive of severity of sepsis. A sustained ETCO2 < 25 mmHg may indicate hypoperfusion.

Other Indicators of Sepsis

- BGL > 119 mg/dL (non-diabetic)
- Delayed capillary refill
- O2 SAT < 90%
- No urine output for 8 hours or more
- Temperature ≥ 100.4 F or Hypothermia
- Lactate ≥ 4 mmol/L

Patient History of:

- Old or young age
- Fever
- Infections
- Recent surgery
- Immunocompromised
- Immunosuppressed
- Bedridden or immobile
- Indwelling devices
- Previous Sepsis