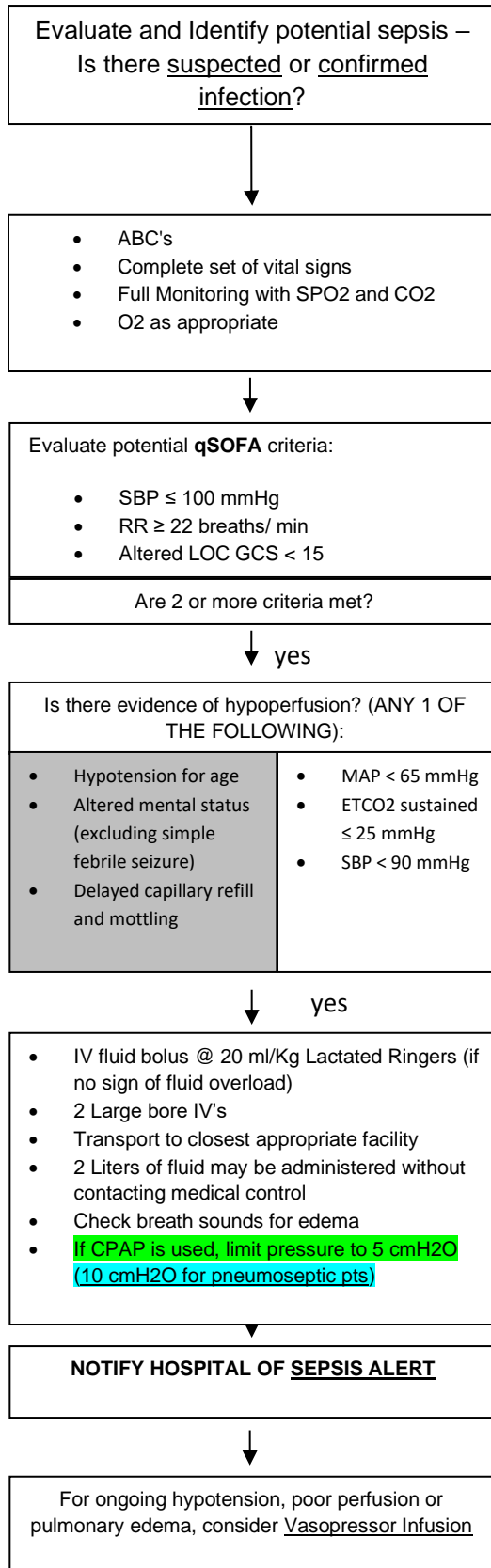


M080 SEPSIS PROTOCOL

EMT	AEMT	EMT-I	Paramedic
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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.

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.

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	Patient History of:
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Old or young age • Fever • Infections • Recent surgery • Immunocompromised • Immunosuppressed • Bedridden or immobile • Indwelling devices • Previous Sepsis