

SEVERE SEPSIS

DETECTION (All three criteria are required)

1. Suspected or known infection
2. Two or more of the following:
 - ✓ Temperature $>38^{\circ}\text{C}$ (100.4°F) or $<36^{\circ}\text{C}$ (96.8)
 - ✓ Tachycardia with $\text{HR}>90$ bpm
 - ✓ Tachypnea with $\text{RR}>20$ (or $\text{EtCO}_2<32$)
3. Evidence of Hypoperfusion as manifested by one of the following:
 - ✓ Systolic BP < 90 mm Hg
 - ✓ Mean Arterial Pressure (MAP) < 65 mm Hg
 - ✓ Altered mental status
 - ✓ $\text{EtCO}_2<25$

DETECTION

1. Administer oxygen to maintain O₂ saturation above 96%.
2. Initiate ETCO₂ monitoring if available.
3. Establish two large bore IVs. (Consider IO access if necessary)
4. Administer 10 cc/kg IV bolus of NS in 500 cc Increments for normotensive patients and 20 cc/kg IV for hypotensive patients (SBP <90 or MAP <65)
5. Reassess BP and breath sounds after each bolus.
6. If SBP remains < 90 mm Hg or MAP < 65 mm Hg after 2000 cc of NS initiate a **dopamine** infusion at 10-20 mcg/kg/min. titrated to maintain SBP >90 mm Hg or MAP > 65 mm Hg.

SEPSIS ALERT

Notify the receiving hospital of an incoming “Severe Sepsis” patient.

*If **endotracheal intubation** and RSI are required, consider using an alternative to **etomidate** to sedate the patient.