

Effective Date : September 1, 2018

Last Review: September 1, 2018 - New Policy

Next Review: September 1, 2021

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

**DEFINITION:**

Sepsis is the body's overwhelming and life-threatening response to infection. In Sepsis, when an infection occurs at any potential site in the body, the immune system's inflammatory response can be overwhelmed leading to SIRS (Systemic Inflammatory Response Syndrome) which causes tissue damage that can lead to organ dysfunction, organ failure and death.

**Risk factors include:** Age, current cancer treatment, diabetes, immune compromise, alcoholism, IV drug abuse, malnutrition, recent surgery (5 days or less), indwelling medical devices (Foley, IV access devices, etc.) and renal disease. Glucose greater than 140 mg/dl in non-diabetic patients may be a sign of sepsis. ETCO<sub>2</sub> readings of 25mmHg or less are suggestive of acidosis/poor organ perfusion.

**Remember to look for signs and symptoms of possible infection** (ALOC, weakness, dizziness, abdominal pain, frequent urination, near syncope, diarrhea, SOB, persistent cough, etc.)

**BLS TREATMENT**

**OXYGEN:** as appropriate, goal to maintain SPO<sub>2</sub> at least 94%, assist ventilations as necessary

**VITALS:** assess vitals

**BLOOD SUGAR CHECK:** test blood sugar, glucose greater than **140 mg/dl** in non-diabetic patients may be a sign of sepsis

**CHECK TEMPERATURE:** assess temperature = **100.4 or greater or 96.0 or less suggests potential sepsis**

**ALS TREATMENT:**

**BLOOD SUGAR CHECK:** test blood sugar, glucose greater than **140 mg/dl** in non-diabetic patients may be a sign of sepsis

**CHECK TEMPERATURE:** assess temperature

**MONITOR:** treat rhythm as appropriate

**LOOK FOR SIGNS OF INFECTION OR KNOWN/DOCUMENTED INFECTION; IF PRESENT OR SUSPECTED ASSESS FOR SIGNS OF SIRS, 2 OR MORE SIRS CRITERIA = SEPSIS ALERT**

**SIRS CRITERIA**  
Temp = **100.4 or greater or 96.0 or less**  
Respiratory Rate = **20 or greater**  
Heart Rate = **90 or greater**

**CAPNOGRAPHY:** utilize waveform capnography; ETCO<sub>2</sub> readings of **25mmHg** or less are suggestive of acidosis/poor organ perfusion

**IV/IO ACCESS:** Start IV fluid therapy reassess for signs of fluid overload after every **500ml** until max infusion of **30ml/kg**

**IF SBP is less than 90mmHg start 2 large bore IV/IO's and give fluids until 30ml/kg has been infused.**

**BASE CONTACT:** notify receiving facility and Base Hospital of **Sepsis Alert** ASAP

**PUSH DOSE EPINEHRINE:** if patient maintains **SBP less than 90mmHg after 30 ml/kg of fluid given**, continue fluid and give 10mcg slow IV push of push dose epinephrine (10mcg/ml) very 1-5 minutes until **SBP is GREATER than 90mmHg.**

**USE EXTREME CAUTION WHEN USING PUSH DOSE EPINEPHERINE**

**PUSH DOSE EPINEPHRINE SOLUTION MIXING INSTRUCTIONS**

- **Take Epinephrine 1:10,000 concentration (1 mg/10 ml) and waste 9 ml of Epinephrine**
- **In same syringe draw 9 ml of saline from the patients IV bag & shake well**
- **Mixture now provides 10 ml of Epinephrine at 10mcg/ml (0.01 mg/ml) concentration**
- **Label syringe Epi 10mcg/ml**



## POLICY ADULT M3 SEPSIS

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