Sepsis

Medical

CRITERIA

18 years and older and not pregnant.
At least TWO systemic inflammatory response syndrome (SIRS) criteria:

- Temperature greater than 38º C (100.4ºF) or less than 36ºC (96.8ºF)
- Pulse greater than 90 beats/min
- Respiratory rate greater than 20 breaths/min or mechanically ventilated
- Suspected or documented infection
- Hypoperfusion as manifested by one of the following:
    - Systolic blood pressure less than 90 mm Hg
    - Mean arterial pressure less than 65 mm Hg
    - Lactate level greater than 4 mmol/L (if available) or $EtCO_2 \leq 25$ mmHg

PROTOCOL

EMR	Follow *General-Universal Patient Care/Initial Patient Contact protocol.*	**EMR**
EMT	Reassess patient regularly and record vital signs, breath sounds, pulse oximetry, glucose, and capnography.	**EMT**
A	Establish two large-bore lines IV/IO. Administer a fluid bolus ***0.9% Normal Saline 20 mL/kg IV/IO***. Reassess blood pressure and breath sounds after each bolus.	**A**
MC	If patient remains hypotensive, contact medical control for additional fluid boluses or vasopressors.	**MC**
EMT	Consider early notification of receiving facility for potential septic patients.	**EMT**

PEARLS

Septic patients are at risk for developing flash pulmonary edema and acute respiratory distress. Monitor closely for fluid overload.

Sepsis is a component of a larger syndrome. The goal is to identify a septic patient as early as possible in the progression:

SIRS → Sepsis → Severe Sepsis → Septic Shock

The goal of an effective sepsis protocol is not only initial management of the septic patient, but activation of appropriate downstream resources and definitive care.

Early notification in the septic patient is tied to lower mortality and improved outcomes.