

General Medical: Sepsis

Goals: Timely recognition of sepsis, determination of poor prognostic indicators, and pre-hospital triage and care of the patient with possible sepsis to improve survival and minimize end-organ damage

Inclusion Criteria: All patients with a known or suspected infection source (history or clinical presentation) and abnormal vital signs suggestive of sepsis

Exclusion Criteria: None

Refer to: [Shock CPG](#) for additional guidance on evaluation and care of patients in septic shock

EMS Sepsis Alert (ADULTS at least 18 years of age)

EMS Providers shall initiate an “EMS Sepsis Alert” for the receiving hospital if **BOTH** criteria are met:

1. Known or suspected infection; AND
2. One or more of the following ([qSOFA score](#)):
 - a. New or worsened mentation (e.g. confusion, agitation, lethargy or obtundation)
 - b. Respiratory rate 22 breaths per minute or greater
 - c. SBP 100 mmHg or less

NOTE: Consider EMS Sepsis Alert if: age greater than 50, HR greater than 100 bpm, nursing home residency and/or history of fever

EMS Sepsis Alert (PEDIATRIC patients under 18 years of age)

EMS Providers shall initiate an “EMS Sepsis Alert” for the receiving hospital if **BOTH** criteria are met:

1. Known or suspected infection; AND
2. One or more of the following ([Pediatric SIRS criteria](#)):
 - a. Temperature greater than 38.5°C (101.3°F) or less than 36°C (96.8°F)
 - b. Tachycardia or bradycardia* (for infant under 1 year of age)
 - c. Tachypnea*

*Refer to age-specific vital signs chart under [UNIVERSAL CARE – PEDIATRIC](#)

Basic Level

1. Assess and support ABCs according to [UNIVERSAL CARE – ADULT](#) or [UNIVERSAL CARE – PEDIATRIC](#)
 - a. Initiate continuous ECG monitoring
 - b. Obtain and document POC glucose measurement
2. Place the patient in a position of comfort
 - a. If there is evidence of shock, position the patient supine with the feet elevated
 - b. Closely monitor airway status and respiratory effort
3. Administer supplemental oxygen to maintain SpO₂ of at least 94% (continuous monitoring)
4. Once advanced level care arrives on scene, give report and transfer care

Advanced Level

5. Initiate continuous PetCO₂ monitoring
6. Obtain and document POC lactate measurement, *if available*
7. Establish IV/IO access and administer Normal Saline **20 mL/kg (but no more than a total of 1000 mL (1L))**
 - a. Fluid resuscitation should be initiated for suspected sepsis even if SBP is within normal range for age
8. Reassess and document perfusion status (BP, HR, RR, mental status, skin color, capillary refill, etc.)
9. If hypotension persists, administer 1 additional **20 mL/kg bolus (but no more than a total of 1000 mL (1L))**
10. Reassess and document perfusion status (BP, HR, RR, mental status, skin color, capillary refill, etc.)
11. If hypotension persists, administer [norepinephrine bitartrate](#) infusion IV/IO at 8 to 12 mcg/minute
12. Treat symptomatic hypoglycemia per [Diabetic Emergencies CPG](#)
13. Initiate transport as soon as possible
 - a. Notify BioTel and/or receiving hospital while *en route*, if patient meets “EMS Sepsis Alert” criteria
14. For additional patient care considerations not covered under standing orders, consult BioTel