



SEPSIS

Effective: January 1, 2021
Replaces: November 2019
Review: January 1, 2023

1. BLS Treatment

- 1.1. Routine Medical Care – Adult **(700-S04)**
 - 1.1.1. **Oxygen** – titrate as appropriate
- 1.2. Obtain temperature with thermometer
- 1.3. If patient is suspected to have an infection and meets two (2) of the following criteria, inform the receiving hospital of the Septic findings:
 - 1.3.1. **Temperature:** less than 96 or greater than 100.4 degrees Fahrenheit
 - 1.3.2. **Heart Rate:** greater than 90 bpm
 - 1.3.3. **Respiration Rate:** greater than 20
- 1.4. Place patient in recovery position or position of comfort
- 1.5. Treat associated signs and symptoms of shock as appropriate **(700-A10)**

2. ALS Treatment

- 2.1. **Vascular Access (IV)**, TKO, large bore when possible
 - 2.1.1. A second **IV** or **Saline Lock** may be established if appropriate
- 2.2. **Rapid Fluid Resuscitation**, 250 ml increments to maintain systolic blood pressure. Reassess vital signs between fluid boluses. Titrate fluids once a systolic pressure of 90 is achieved.

3. Special Considerations

- 3.1. The absence of fever does not rule out the possibility of infection or sepsis, particularly in the elderly or immunosuppressed patient
- 3.2. Frequent sources of infection are pulmonary, urinary tract and skin/soft tissues
- 3.3. Use of intravenous acetaminophen to address fever is not indicated. The cause of the fever is probably an infection that will require antibiotics. Fluid resuscitation and transport to definitive care are the prehospital treatment priorities.
- 3.4. Other contributing factors increasing the risk of systematic infections
 - 3.4.1. Older than 50 years of age
 - 3.4.2. History of stroke
 - 3.4.3. Abdominal pain with fever
 - 3.4.4. Resident of long-term healthcare facility
 - 3.4.5. Dispatched as sick person
 - 3.4.6. Nonspecific weakness or dizzy presentation