

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8067.02
	<u>PROGRAM DOCUMENT:</u> Sepsis/Septic Shock	Initial Date:	07/26/16
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 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as the treatment standard for treating patients with signs and symptoms of Sepsis.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Definitions:

- A. **Systemic Inflammatory Response Syndrome (SIRS):**
 A generalized inflammatory response to a non-specific injury and includes at least 2 of the following criteria;
 - 1. Body temperature of >38 C (100.4 F) or <36 C (96.8F).
 - 2. Respiratory rate >20 breaths per minute.
 - 3. Heart rate >90 bpm.
- B. **Sepsis:** Sepsis can be a rapidly progressing, life threatening condition due to SIRS (systemic infection). Sepsis must be recognized early and treated aggressively to prevent progression to shock and death. The most important pre-hospital interventions for SIRS/Sepsis patients include:
 - 1. Recognition of potential SIRS/SEPSIS
 - 2. Early and aggressive fluid resuscitation
 - 3. Pre-arrival Sepsis Alert" notification to receiving facility.

Indications:

- A. Treatment interventions and pre-arrival notification shall occur for patients meeting BOTH of the following pre-hospital sepsis criteria:
 - 1. Confirmed or suspected presence of infection:
 - a. By history from patient, family or care home.
 - b. By signs or symptoms of urinary tract infection, respiratory infection, or skin infection.
 - c. Older Adults or immune compromised patients with otherwise unexplained ALOC and no findings to suggest acute STROKE (see stroke protocol),

AND
 - 2. Any **two** of the following SIRS criteria:
 - a. Temperature of >38 °C (100.4 °F) or <36 °C (96.8 °F) (Acquired by EMS or if reported by patient, family, or care home).
 - b. Respiratory rate >20 breaths per minute.
 - c. Heart rate >90 bpm.
 - d. SBP<90 mmHg

Protocol:

BLS		
I. Consider oxygen therapy per Respiratory Distress: Airway management PD # 8020		
II. Conduct a pre-arrival "Sepsis Alert" notification to the receiving facility.		
III. Transport		
ALS		
I. Cardiac Monitoring		
II. Establish vascular access.		
<ul style="list-style-type: none">• Administer a 500 ml bolus of NS to all patients, repeat as needed until SBP \geq 90 mmHG. Total amount of fluid should not exceed 2000 ml. Recheck vital signs and lung sounds after every 500 ml bolus.• Give boluses in rapid succession if SBP remains $<$ 90• Albuterol if wheezing and SOB per Respiratory Distress policy # 8026		
III. If SBP remains $<$ 90 mmHg after four (4) fluid boluses:		
<u>Base Hospital Order Only</u>		
<ul style="list-style-type: none">• Push Dose Epinephrine 0.01 mg/ml (10mcg/ml) DOSE: 0.5-2 ml (5-20mcg) every 2-5 minutes (5-20mcg) IV/IO. Titrate to SBP $>$ 90. NOTE: Monitor SBP while administering/titrating.		
Cross Reference:	Respiratory Distress:Airway Management	PD #8020
	Respiratory Distress	PD #8026
	Shock	PD #8038
	Decreased Sensorium	PD #8061