



## INFORMATION

Recognition and treatment of sepsis is the key to the successful management of sepsis. It is imperative once sepsis is identified, that the patient is kept from becoming hypotensive, as an episode of hypotension significantly increases morbidity and mortality. Sepsis is most common in the elderly, very young, patients confined to bed (bed sores, abscesses, cellulitis, or immobile) and patients with a recent history of surgery or an invasive medical procedure.

## SEPSIS CRITERIA

- Adult and *NOT* pregnant *WITH*
- Suspected or documented infection *AND*
- At least *two* SIRS (Systemic Inflammatory Response Syndrome) criteria:
  - Pulse greater than 90
  - Respirations greater than 20
  - Temperature greater than 100.4°F or less than 96.8°F

## SEVERE SEPSIS CRITERIA

- Patient has met the above Sepsis Criteria *AND*
- Hypoperfusion as manifested by any *one* of the following:
  - SBP less than 90mmHg
  - DBP less than 60mmHg
  - Mean Artrial Pressure (MAP) of less than 70
  - Altered Mental Status
  - EtCO<sub>2</sub> Equal to or less than 25mmHg

## SEPTIC SHOCK CRITERIA

- Patient has met the above Severe Sepsis Criteria *AND* remains hypotensive after initial fluid resuscitation of 2L.

**Two SIRS Criteria and One Hypoperfusion Criteria = SEPSIS ALERT**

### SUSPECTED INFECTION (EXAMPLES)

- Fever
- UTI (Increased urinary frequency, dysuria, and/or cloudy, bloody, or foul smelling urine)
- Pneumonia (productive cough, green/yellow/brown sputum)
- Wounds or insertion sites that are: painful/red/swollen or have a purulent (pus) discharge
- Patient is on antibiotics
- Recent history of surgery/invasive medical procedure (eg. Foley Catheter, Central Lines, etc.)
- AMS and/or poor oral intake of the past 24-48 hours (especially in the elderly)



## ADULT

### SEPSIS TREATMENT

- Monitor EtCO<sub>2</sub>
- BGL
- Maintain SpO<sub>2</sub> at 95% or 90% for COPD and asthma patients.
- NORMAL SALINE:** 1L, *regardless* of blood pressure. Assess lung sounds every 500mL.

### SEVERE SEPSIS *OR* SEPTIC SHOCK TREATMENT

- Call a Sepsis Alert and limit on-scene time
- Monitor EtCO<sub>2</sub>
- BGL
- Maintain SpO<sub>2</sub> at 95% or 90% for COPD and asthma patients.
- NORMAL SALINE:** 2L, *regardless* of blood pressure. Assess lung sounds every 500mL.
- If patient develops rales *OR* is unable to tolerate the fluid challenge: **DOPAMINE:** 5-20 mcg/kg/min IV/IO, titrate to maintain a SBP of 90mmHg or a MAP greater than or equal to 70.

Patients with a history of renal failure or CHF may not tolerate fluids. These patients should be monitored carefully for the development of rales.



## PEDIATRIC

- NORMAL SALINE:** 20mL/kg IV/IO bolus. Assess lung sounds and blood pressure often. May repeat 1x prn.