NORTH COAST EMEGENCY MEDICAL SERVICES POLICIES AND PROCEDURES

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Subject:

Treatment Guidelines - ALS

Septic Shock

Associated Policies:

I. Priorities:

- A. Sepsis is a rapidly progressing, life threatening condition due to systemic infection.
- B. Sepsis must be recognized early and treated aggressively to prevent progression to death.
- C. Early recognition of sepsis allows for attentive care and early administration of antibiotics.
- D. Aggressive IV fluid therapy is most important prehospital treatment for sepsis.
- E. Septic patients are susceptible for traumatic lung injury and Adult Respiratory Distress Syndrome. If assisted ventilations are needed, avoid excessive tidal volumes.

II. Septic Shock:

- A. Be alert to patients who meet the following criteria: Quick Sequential Organ Failure Assessment (qSOFA)
 - 1. Altered Mental Status
 - 2. Respiratory rates greater than 22.
 - 3. Systolic blood pressure <100 AND
 - 4. The potential for or suspected infection
- B. Administer oxygen per Policy # 6030. If CPAP is used, limit PEEP pressure to 5mm until blood pressure is above 90
- C. Establish IV/IO and administer 500cc boluses until blood pressure is greater than 90. Boluses should be given in rapid succession if blood pressure remains <90. Total maximum fluid volume 30ml/kg. Additional fluid boluses should be discussed with Base Hospital.
- D. Notify receiving hospital early when Sepsis protocol is used.
- E. If unable to maintain a minimum SBP of 90 consider
 - 1. Epinephrine drip Policy # 5307
 - 2. Dopamine.- Policy # 5408

III. Special Information

- A. A prehospital screening tool utilizing end-tidal carbon dioxide can assist with predicting sepsis and severe sepsis when available.
- B. ETCO2 <25 mmHg correlate to serum lactate levels greater than 4.
- C. Obtain temperature when time allows. Temperatures >100.4 and below <96 are extremely useful when identifying sepsis.

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Approved:	Kraffaer		14
Approved as to	Form: 22 Ka	Herd	8-30-18