

Subject: Sepsis Treatment Policy

<b>I.</b>	<b>Definition</b>
<ul style="list-style-type: none"> <li>A. Sepsis is a rapidly progressing, life threatening condition due to systemic infection.</li> <li>B. Sepsis must be recognized early and treated aggressively to prevent progression to death.</li> <li>C. Early recognition of sepsis allows for attentive care and early administration of antibiotics.</li> <li>D. Be alert to patients who meet the following criteria:                      Quick Sequential Organ Failure Assessment (qSOFA)                     <ul style="list-style-type: none"> <li>1. Altered Mental Status</li> <li>2. Respiratory rates greater than 22.</li> <li>3. Systolic blood pressure &lt;100</li> <li style="text-align: center;">AND</li> <li>4. The potential for or suspected infection</li> </ul> </li> </ul>	
<b>II.</b>	<b>Basic Life Support</b>
<ul style="list-style-type: none"> <li>A. Provide General Medical Care.</li> <li>B. Provide oxygen. If CPAP mask device is used do not exceed 5mm of PEEP until SBP blood pressure is greater than 90 mmHg.</li> </ul>	
<b>III.</b>	<b>Advanced Life Support</b>
<ul style="list-style-type: none"> <li>A. Administer NS fluid bolus 250 ml IV to maintain SBP &gt; 90 mmHg.                             <ul style="list-style-type: none"> <li>1. May repeat to a max of 2 L.</li> <li>2. Boluses may be given in rapid succession if SBP remains &lt; 90 mmHg.</li> </ul> </li> <li>B. Early receiving facility notification of a Sepsis Alert.</li> <li>C. If unable to maintain SBP &gt; 90 mmHg after NS fluid bolus of 2L:                             <ul style="list-style-type: none"> <li>1. Consider Dopamine administration with beginning dose at 2-5mcg/kg/minute. OR</li> <li>2. Push-Dose Epinephrine:                                     <ul style="list-style-type: none"> <li>a. Mix 1 ml of 1:10,000 Epinephrine (0.1 mg/ml) with 9 ml NS in a 10 ml syringe.</li> <li>b. Administer push-dose Epinephrine 1 ml IV every 2 to 3 minutes.</li> <li>c. Titrate to maintain a SBP &gt; 90 mmHg.</li> </ul> </li> </ul> </li> </ul>	
<b>IV.</b>	<b>Special Considerations</b>
<ul style="list-style-type: none"> <li>A. A prehospital screening tool utilizing end-tidal carbon dioxide can assist with predicting sepsis and severe sepsis when available.</li> <li>B. ETCO2 &lt;25 mmHg correlate to serum lactate levels greater than 4.</li> <li>C. Obtain temperature when time allows. Temperatures &gt;100.4 and below &lt;96 are extremely useful when identifying sepsis.</li> </ul>	
<b>V.</b>	<b>Base Orders</b>
<ul style="list-style-type: none"> <li>A. None.</li> </ul>	
<b>VI.</b>	<b>Contraindications</b>
<ul style="list-style-type: none"> <li>A. None.</li> </ul>	
<b>VII.</b>	<b>Cross Reference</b>
<ul style="list-style-type: none"> <li>A. General Medical Care      Policy No. Draft</li> <li>B. Epinephrine                Policy No Draft</li> <li>C. Dopamine                    Policy No Draft</li> </ul>	

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