

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8067.04
	<u>PROGRAM DOCUMENT:</u> Sepsis/Septic Shock	Initial Date:	07/26/16
		Last Approval Date:	11/14/19
		Effective Date:	07/01/21
		Next Review Date:	09/01/22

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 (2) 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		
<ol style="list-style-type: none"> 1. Consider oxygen therapy per Respiratory Distress Use Supplemental oxygen as necessary to maintain SpO2 ≥ 94%. Use lowest concentration and flow rate of O2 as possible. 2. Conduct a pre-arrival “Sepsis Alert” notification to the receiving facility. 3. Transport 		
ALS		
<ol style="list-style-type: none"> 1. Cardiac Monitoring 2. Establish vascular access. <ul style="list-style-type: none"> • Administer a 500 ml bolus of NS to all patients, repeat as needed until SBP ≥ 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. 3. If SBP remains <90 mmHg after four (4) fluid boluses: <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 Respiratory Distress Shock Decreased Sensorium	PD #8020 PD #8026 PD #8038 PD #8061