BAETP
Initial Date: 5/31/2012
Revised Date: 10/25/2017

Michigan
ADULT TREATMENT
SEPSIS

Section 3-5

Sepsis

It is the purpose of this policy to recognize and treat sepsis early to promote optimal care and survival of patients who may be septic. This protocol applies to patients 14 years and above with a clinical suspicion of systemic infection who have 2 or more of the inclusion criteria. These patients are defined   as meeting criteria for suspicion of sepsis and should be evaluated and treated per this protocol.

INCLUSION CRITERIA
1. Clinical suspicion of systemic infection, <u>and two or more of the following</u>:
    A. Hyperthermia temp >38° C (100.4 F)
    B. Hypothermia temp<36° C (96.8 F)
    C. Heart rate >90bpm
    D. Respiratory rate <10 or >20 per minute
    E. SBP <90 mmHg or evidence of hypoperfusion

Treatment
1. Follow **General Pre-Hospital Care** protocol.
2. Place patient in supine position.
3. Start large bore IV catheter.
4. Start second large bore IV catheter, if time permits.
5. Place on cardiac monitor and treat rhythm according to appropriate protocol.
6. Place on continuous pulse oximetry.
7. Measure blood glucose.
8. If the patient meets inclusion criteria, administer a NS IV/IO fluid bolus up to 1 liter, wide open. Reassess the patient, repeat boluses to a maximum of 2 L NS as long as vital sign abnormalities persist.
9. If hypotension persists, refer to **Shock Protocol**.
10. **(Optional)** Measure ETCO2 level. If CO_2 < 25, report level to the receiving facility as soon as possible.
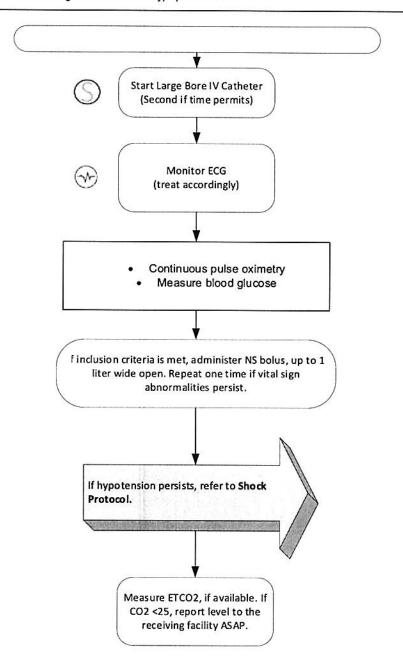
MCA Name: Bay County MCA
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Protocol Source/References:

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Follow **General Prehospital Care Protocol**

Clinical suspicion of systemic infection and two or more of the following:
- **Hyperthermia temp > 38 ° C (100.4° F)**
- Hypothermia temp < 36° C (96.8° F)
- Heart rate >90bpm
- Respiratory rate <10 or >20 per minute
- SBP <90 mmHg or evidence of hypoperfusion

Start Large Bore IV Catheter
(Second if time permits)

Monitor ECG
(treat accordingly)

- Continuous pulse oximetry
- Measure blood glucose

f inclusion criteria is met, administer NS bolus, up to 1 liter wide open. Repeat one time if vital sign abnormalities persist.

If hypotension persists, refer to **Shock Protocol.**

Measure ETCO2, if available. If CO2 <25, report level to the receiving facility ASAP.

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