

## 2.15 SUSPECTED SEPSIS

BLS Treatment
<ul style="list-style-type: none"><li>• Position of comfort.</li><li>• NPO</li><li>• <b>Oxygen</b> as indicated.</li></ul>
ALS Treatment
<ul style="list-style-type: none"><li>• Establish IV/IO with <b>Normal Saline</b> TKO. Recommend 2 IV lines if possible.</li><li>• If blood glucose &lt;60 mg/dl, unmeasurable or patient is a known diabetic: <b>Dextrose</b></li><li>• For HR &gt; 100 or BP &lt;90 administer <b>Normal Saline</b> fluid bolus.</li></ul>
<p><b><u>SEPSIS SCREEN</u></b></p> <p>For all patients with vital sign abnormalities, conduct the following screen (see COMMENTS):</p> <ol style="list-style-type: none"><li>1. Does patient have suspected or documented infection?</li><li>2. Does patient have 2 or more of the following vital sign abnormalities:<ul style="list-style-type: none"><li>▪ Temperature &gt; 38° C or &lt; 36° C</li><li>▪ Heart Rate &gt; 90</li><li>▪ Respiratory Rate &gt; 20</li></ul></li></ol> <p>If answer to BOTH #1 and #2 is YES, continue with sepsis protocol. Otherwise go to other applicable protocol.</p>
Comments
<ul style="list-style-type: none"><li>• Sepsis is caused by a whole-body inflammatory response called, “Systemic Inflammatory Response Syndrome” characterized by a fever (not always present), tachycardia, tachypnea and hypotension. It is more common in the very young (newborns), the elderly, diabetics or those with compromised immune systems. Other risk factors include: cancer/malignancies, renal disease, alcoholism, drug abuse, malnutrition, hypothermia or recent surgical or other invasive procedures (e.g. long-term venous catheters placed). Field treatment is early recognition, fluid and notifying hospital staff about possible sepsis.</li></ul>
Base Hospital Contact Criteria
Consultations as need for question about possible septic patient.