



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Prot. No. M6
Reviewed 7-2014

Emergency Medical Services Program

Approved

Medical Director

Subject: SEPSIS

I. BLS Evaluation/Treatment:

- A. Treat life threats. (See Policy 4000).
- B. Gather accurate patient information including risk factors for sepsis:
 1. >70 years of age
 2. Hx of diabetes
 3. Recent hospitalization or living at a SNF
 4. Recent surgery or invasive procedure
 5. Hx of cancer, kidney disease, malnutrition, alcoholism, other immune compromising diseases
- C. Suspect sepsis in patients with any **two of the following VS and a suspected or confirmed infection (see D):**
 1. Heart rate >90
 2. Respiratory rate >20
 3. Temperature >100.4 or < 96.0
- D. Suspect sepsis in patients with two of the above VS abnormalities and any of the following:
 1. Respiratory symptoms such as shortness of breath, tachypnea, cough
 2. Abdominal pain, vomiting, diarrhea
 3. Urinary pain, urinary frequency, flank pain
 4. A skin infection
 5. General weakness, lethargy, ALOC, especially in the elderly
 6. Current infection diagnosis.
- E. Prepare for transport/transfer of care. Be sure to notify ALS responders of your suspicion for sepsis.

II. ALS Evaluation/Treatment

- A. Treat life threats. (See Policy 4000).
- B. Reconfirm patient history and physical findings as above. In addition:
 1. Check blood sugar. BG >140 mg/dl in a non-diabetic patient may be a sign of sepsis. Less commonly, hypoglycemia can occur with overwhelming sepsis. Treat per Protocol N1.
 2. Check ETCO2. ETCO2 <25mmHg is associated with sepsis.
- C. Transport
- D. Maintain SAO2 at 95% or greater

- E. Initiate fluid resuscitation in patients who present with signs and symptoms of severe sepsis or septic shock. Administer up to 30 ml/kg NS bolus.
- F. Administer fluid cautiously in patients with structural heart disease (cardiomyopathy, severe valvular disease, etc.) or CHF. Administer in 10ml/kg boluses, repeating as indicated as long as the patient shows no signs of fluid overload (pulmonary edema, hypertension).
- G. Contact hospital as soon as possible to report that you are transporting a patient with **“suspected sepsis.”**
- H. Report and handoff at the receiving hospital should include all history and physical exam information, including that the patient has **“suspected sepsis.”**

Note: The single most important element of the prehospital management of sepsis is recognizing that a patient might be septic, and communicating this information to other responders and the receiving hospital as soon as possible.