

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

SUBJECT: 900.15

**MEDICAL EMERGENCIES:
SEPSIS**

ORIGINAL ISSUE: 9/15

EMS crews should maintain a high index of suspicion for the diagnosis of sepsis as early diagnosis and treatment can reduce mortality. Sepsis should be diagnosed and treated in any patient that meets the following criteria:

1) Physical signs of Systemic Inflammatory Response Syndrome (SIRS).

The patient must have two of the following:

- Temperature greater than 38°C (100.4°F) or lower than 36°C (96°F)
- Pulse greater than 90
- Respiratory rate greater than 20

2) History consistent with infection

3) Signs of hypoperfusion or hypotension (SBP < 90)

Treatment

1. Administer high-flow oxygen

2. Establish IV access with two large-bore angiocaths and draw blood samples

- Baseline blood values will be important
- Administer IV fluid boluses (20 cc/kg), rapid infusion. The patient may be profoundly dehydrated and require several boluses of fluid.
- Reassess BP and breath sounds after infusing 500-ml increments.

3. Reassess patient on a regular basis. Document appropriately the following:

- Vital signs
- Breath sounds
- Capnography
- Pulse oximetry
- Blood sugar
- Monitor cardiac rhythm
- Temperature

4. Scene times should be less than 15 minutes, with emergent transport to definitive care. Notify the hospital that you are transporting a septic patient.