



SUSPECTED SEPSIS – ADULT/ADOLESCENT

ALS STANDING ORDERS:

If patient presents with **known or suspected source of infection**, such as:

- cough suggestive of pneumonia,
- Complaint of urinary tract infection/problems in the past or present
- Skin infection
- Known to be immune suppressed (refer to Treatment Guidelines below)

AND

If any two of the following four symptoms are present:

- Altered mental status (GCS <13)
- Systolic blood pressure < 100 mm Hg
- Respiratory rate > 22 breaths/min
- When temperature available, reported, or measured: temp > 100.4 F (38 C) or < 97 F (36 C).

THEN

Treat suspected sepsis as follows:

1. Cardiac monitor.
2. Pulse oximetry; if oxygen saturation less than 95%, provide:
 - ▶ *High flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
3. Establish venous access:
 - ▶ For BP < 100 systolic and lungs clear to auscultation (no evidence CHF), *infuse 250 mL Normal Saline bolus. May repeat (if lungs remain clear to auscultation) up to maximum 1 liter to maintain adequate perfusion.*
 - ▶ If BP < 90 after 1 liter of NS or if evidence of CHF develops before can complete 1 liter of NS infusion with BP remaining < 90, contact Base Hospital to request order for push dose epinephrine (PR-230).
4. ALS escort to nearest ERC and with early notification of receiving facility that patient may be septic.

Approved:

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TREATMENT GUIDELINES:

1. Suspected sepsis circumstances

- Frequent sites for sources of infection are pulmonary, urinary tract, and skin/soft tissue.
- Persons who have suppressed immune systems are at risk for sepsis, these may include persons:
 - i. Taking oral steroids (such as prednisone) for chronic diseases such as asthma and arthritis.
 - ii. Who have received organ transplants.
 - iii. With a history of cancer
 - iv. With history of diabetes
 - v. With history of renal failure
- Other considerations increasing the risk of sepsis include:
 - i. Age > 50
 - ii. Acute or chronic altered mental status
 - iii. History of stroke
 - iv. Abdominal pain with fever
 - v. Resident of long-term healthcare facility
 - vi. Dispatched as Nonspecific Illness/Sick Person
 - vii. Nonspecific weak/dizzy presentation

2. The absence of fever does not rule out the possibility of infection or sepsis, particularly in the elderly or immunosuppressed patient.

3. Consider history of heart failure or renal disease to avoid fluid overload in the decision to administer an IV fluid bolus.

Approved:

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