

TREATMENT:

- A. Treat per Universal Patient Care protocol.
- B. If patient meets the definition of sepsis (A & B notes) below - Call *Sepsis Alert*
- C. Obtain 12 - lead.
- D. Establish IV - 18g or larger.
- E. **Oxygen** if SPO2 less than 94%.
- F. Notify hospital of incoming *Sepsis Alert*.
- G. *For Severe Sepsis only (Note C): Administer 30 mL/kg of NS or LR up to a max of 2 L*
 1. Titrate fluid volume to a MAP pressure of 70 mmHg.
 2. Consider **Norepinephrine 4 - 16 mcg/min IV/IO** titrate to a Systolic B/P > 90 mmHg.
 3. Consider 2nd large bore IV.

PEDIATRIC PATIENTS:

- A. Monitor vital signs q 5 min.
- B. Fluid challenge 20 ml/kg up to 3x.
- C. If unresponsive to fluid challenge consider **Norepinephrine** 0.1 mcg/kg/min IV/IO. If no response in 5 min, increase to 0.2 mcg/kg/min. If still no response after 5 min may increase to 0.4 mcg/kg/min. Goal is age appropriate systolic blood pressure.

NOTES & PRECAUTIONS:

- A. **Systemic Inflammatory Response Syndrome (SIRS) 2 or more criteria**
 1. Temperature > 38° C (100.4 ° F) OR < 36° C (96.8°F)
 2. Respiratory rate > 20/min
 3. Heart rate > 90 beats/min
- B. **Sepsis = SIRS + documented or suspected infection 1 or more criteria**
 1. Documented infections include, but are not limited to; pneumonia, UTI, wounds, skin and decubitus ulcers.
 2. Suspected infection may be determined via the presence of high risk criteria such as:
 - (A) Nursing home resident
 - (B) Recent surgery
 - (C) Immunosuppression
 - (D) In-dwelling device
- C. **Severe Sepsis 1 or more criteria**
 1. Sepsis + Sepsis-induced organ failure or tissue Hypoperfusion.
 - (A) Hypoperfusion - Mean Arterial Pressure (MAP) less than 65 mmHg
 - (B) ETCO2 ≤ 25 mmHg
 - (C) Acute altered mental status