



# County of Santa Cruz

## HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL  
SERVICES PROGRAM

**Prot. No. M6-P**  
**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. Less than 10 years. \*Less than 3 months of age very high risk
  2. Hx of diabetes
  3. Recent hospitalization
  4. Recent surgery or invasive procedure
  5. Hx of cancer, kidney disease, malnutrition, alcoholism, other immune compromising diseases
- C. Any child with a fever and age under 3 months should be considered septic until proven otherwise
- D. Suspect sepsis in patients with any **two of the following VS and a suspected or confirmed infection (see D):**
  1. Heart rate:
    - Newborns >200
    - Infants >170
    - Toddlers & School Aged (up to 18 yrs.) >130
  2. Respiratory rate:
    - Newborns >60
    - Infants >40
    - Toddlers & School Aged (up to 18 yrs.) >25
  3. Temperature >100.4 or < 96.0
- E. 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
  6. Current infection diagnosis.
- F. 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 > 140mg/dl in a non-diabetic patient may be a sign of sepsis. Less commonly, hypoglycemia can occur with overwhelming sepsis. Treat per Protocol N1-P.
  - 2. Check ETCO<sub>2</sub>. ETCO<sub>2</sub> ≤25mmHg is associated with sepsis.
- C. Transport
- D. Maintain SAO<sub>2</sub> 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 three (3) 20ml/kg boluses of NS, reevaluating patient between boluses. Further fluid should be administered only after obtaining a Base Hospital Physician order.
- F. Administer fluid cautiously in patients with congenital heart disease. Administer in 10ml/kg boluses, repeating as indicated as long as the patient shows no signs of fluid overload (bulging fontanel, 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.**