

# Sepsis

## Follow initial Protocols for All Patients

If medical or trauma emergency refer to appropriate protocol.

Allow for position of comfort.

Take proper body fluid isolation

Give nothing by mouth.

Obtain a oral temperature on the patient.

Sepsis Box 1-Risk Factors for Sepsis	
	Nursing Home resident
	Recent influenza/Viral Illness
	Immunosuppression
	Splenectomy
	Recent Surgery/Invasive procedure
	Recent Hospitalization
	Productive cough
	Diarrhea
	Fever/Chills/Rigor
	Alteration of Mental Status

If patient presents with a risk factor for sepsis proceed to Box #2; additional "history Questions"

Sepsis Box #2-History Questions Suggestive of New Infection	
	Pneumonia
	UTI/Urinary Bladder Catheter?
	Acute Abdominal Infection?
	Skin/Soft Tissue/Wound Infection?
	Bone/Joint Infection?
	Peripheral IV/PICC Line Infection?
	Implantable Device Infection?

If "yes to any of the above "history questions" proceed to Box #3, SIRS Criteria

Sepsis Box #3-Systemic Inflammatory Response Syndrome (SIRS)	
	Temperature >100.9F or <96.8F
	HR >90
	RR>20
	B/P <90 Systolic or MAP <65
	End Tidal CO2 of < 32 mm Hg

## Special Considerations

Advise the receiving facility of a "Sepsis Alert" inf the answer is "yes" to a least one question in each of the first 2 boxes, **AND** at least two questions in the third box

## Basic Care Guidelines

Transport in position of comfort. Place patient on oxygen if patient's condition warrants.

## Advance Care Guidelines

Establish IV access and administer a rapid 500 ml Normal Saline fluid bolus up to 1000ml for B/P < 90 systolic or MAP <65

Consider administering levophed 8-12 mcg/min IV/IO drip, titrated to effect. *Note: septic patients may require higher doses.*

Initiate IO access if unable to establish IV access

Monitor cardiac rhythm

Maintain normal body temperature

Apply nasal cannula ETCO2 detection. ETCO2 below 25, or a known lactate level over 4.0