

SEPSIS

UPDATED 4/2025

ALL PROVIDERS

- ☐ Focused history and physical exam
 - Blood glucose, oxygen saturation, and temperature assessment
 - Continuous cardiac, EtCO₂, and pulse oximetry monitoring
- ☐ Identify and document any suspected source of infection
- ☐ **Sepsis Alert** – Contact the hospital and initiate a **SEPSIS ALERT** if:
 - Assess for **T**wo (or more) “**T**s”
 - **T**emperature - < 96.8 or > 100.9 degrees Fahrenheit, or hot or cold to the touch
 - **T**achycardia - Heart rate > 90 bpm
 - **T**achypnea - Respiratory Rate > 20 breaths/min
 - **T**idal (ETCO₂) - ETCO₂ < 25 mmHg
 - Mean Ar**T**erial Pressure (MAP) < 65 mmHg OR appropriate for patients <16 years of age
 - If suspected infection with >2 “**T**s” or at provider discretion
 - Notify receiving hospital of **SEPSIS ALERT** as soon as possible
 - Initiate sepsis treatment
- ☐ Risk factors
 - Extremes of age (high risk of UTI in elderly and young females)
 - Immunocompromised or otherwise high risk of infection
 - Reported or documented fever
 - Current infection history, open wounds, or recent surgery
 - Indwelling medical devices (PICC line, foley catheter, etc.)
- ☐ **Treatment Plan**
 - Administer oxygen as needed to keep oxygen saturations between 90-94%
 - Treat shock per the ***Shock and Fluid Therapy Guideline***
 - Pregnancy >20 weeks gestation: transport in partial left lateral decubitus position. Place wedge-shaped cushion or multiple pillows under patient’s right hip and shoulders to elevate R side 30-45 degrees
 - Pediatric lowest acceptable systolic blood pressures are birth to 1 month = 60mmHg, 1 month to 1 year = 70mmHg, 1 year to 10 years is = 70mmHg + (age × 2) and over 10 years = 90mmHg
 - Patients exhibiting signs and symptoms of sepsis should be transported to the closest appropriate emergency facility

ADULT

PEDIATRIC

Pediatric weight based dosing should not exceed adult dosing.

EMT

- ☐ Fever management per the ***Fever Management Guideline***

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AEMT

- ☐ Vascular access
 - See ***Shock and Fluid Therapy Guideline***

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PARAMEDIC

- ☐ If SBP/MAP does not improve with fluid administration, consider norepinephrine administration per the ***Shock and Fluid Therapy Guideline***

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