

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/07/13

Protocol: P-025

Supersedes: New

SUSPECTED SEPSIS

SUBJECTIVE FINDINGS

Symptoms suggestive of infection: fever, cough, dysuria, abdominal pain, nausea / vomiting, or altered mental status.

OBJECTIVE FINDINGS

- **General appearance:** Level of distress, skin color and temperature, diaphoresis.
- Temperature
- Respiratory rate
- Heart rate
- Blood pressure
- Lung sounds

SEPSIS SCREEN

For all patients with vital sign abnormalities, conduct the following screen:

1. Does patient have suspected or documented infection?
 2. Does patient have 2 or more of the following vital sign abnormalities:
 - Temperature $> 38^{\circ}\text{C}$ or $< 36^{\circ}\text{C}$
 - Heart Rate > 90
 - Respiratory Rate > 20
- If answer to BOTH #1 and #2 is YES, continue with sepsis protocol. Otherwise go to other applicable protocol.

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Routine Medical Care• Reassure patient and place in position of comfort, or supine if patient is hypotensive.• Provide supplemental O2 as needed per existing protocol.• Assess patient: primary, secondary survey and history.	<ul style="list-style-type: none">• Establish 1-2 peripheral IVs, size 16-18g.• Administer 500 ml IV NS fluid bolus if tachycardia and/or hypotension are present. May repeat 500 ml bolus times one if no response.• Supplemental care and transport per existing protocol.

COMMUNICATION

- Upon arrival to the receiving facility, the pre-hospital provider should inform the Emergency Department triage nurse that the patient has screened positive for

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suspected sepsis, and review the treatment that has been administered, including the total volume of IV fluid infused.

DOCUMENTATION

- Document presence/absence of suspected or confirmed infection in all patients with vital sign abnormalities.
- Document temperature.
- Document sepsis screen positive or negative in patients with suspected or confirmed infection.
- Document communication of positive sepsis screen to receiving RN.

PRECAUTIONS AND COMMENTS

- If assessment indicates shock, initiate transport early.
- Consider other causes of tachycardia and tachypnea.
- Remember that sepsis is more common in the very young, the elderly, and those with compromised immune systems.