



Guideline for Early Recognition and Prehospital Management of the Adult Septic Patient (> 16 years old)

INTENT

To provide guidelines that promote a consistent approach in the recognition and management of sepsis for prehospital and receiving emergency department (ED) healthcare providers participating in the Central Ohio Trauma System.

PATIENT HISTORY SUGGESTIVE OF:

-
- Known or Suspected Infection

 - Recent Antibiotic Therapy

 - Recent Medical/Surgical Procedure

 - Recent Hospitalization

 - Indwelling catheter

 - History of Cancer

 - Patient resident of Extended Care Facility (ECF)/rehabilitation facility
-

PRE-HOSPITAL MANAGEMENT

Patient Monitoring

- Vital signs, including temperature, pulse oximetry, and capnography
- Obtain serum glucose
- Apply cardiac monitor
- Transfer patient flat (if tolerated)

Therapeutic Intervention

- Establish patient airway/intubate, if necessary
- Administer 100% O₂ at 15 liters (L) per minute by non-rebreather mask (NRB)
- Initiate at least one large bore intravenous (IV) of 0.9 Normal Saline (NS), and preferably two large bore, if time allows, without delaying transport
- Administer rapid infusion of NS fluid boluses:
 - 1 L NS via rapid IV bolus
- Monitor for rales and dyspnea. If either occurs, stop fluid bolus and maintain IV at KVO.
- If systolic blood pressure remains <110mmHg, infuse another 1 L NS via rapid IV bolus
- Notify receiving hospital of **Probable Sepsis Patient**, (if applicable)

PROBABLE SEPSIS NOTIFICATION CRITERIA

The purpose of a “**Probable Sepsis Notification Process**” is to provide pre-arrival ED notification to facilitate rapid assessment and treatment of a suspected severe septic patient.

A **Probable Sepsis Notification** will be instituted for patients meeting the following **THREE** criteria:

1. Suspected infection

2. Two or more of the following:

- **Temperature > 38° C (100.4° F) OR < 36° C (96.8° F)**
- **Respiratory Rate > 20 breaths/min**
- **Heart Rate > 90 beats/min**

3. ETCO2 ≤ 25 mmHg



REGIONAL EMS ADULT (> 16 YEARS)
SEPSIS SCREENING TOOL

Place a v next to all that apply		v
EMS Agency Name		
Patient Name		
Date/Time		
PATIENT HISTORY		
	*Known or Suspected Infection	
	*Recent Antibiotic Therapy	
	*Recent Medical/Surgical Procedure	
	*Recent Hospitalization	
	*Indwelling catheter	
	*History of Cancer	
	*Patient resident of LTC/rehab facility	
	If patient history is positive for any of the above, continue to “clinical criteria”	
CLINICAL CRITERIA		
	*HR > 90	
	*RR > 20	
	*Temperature ≥ 100.4 F or ≤ 96.8 F	
	If patient meets (2) or more clinical criteria, AND ETCO2 ≤ 25mmHG, Notify receiving hospital of probable sepsis patient	

THERAPEUTIC INTERVENTION

- Establish airway/intubate, if necessary
- Administer 100% O2 at 15 liters per minute by non-re-breather mask (NRB), regardless of SpO2.
- Initiate at least one large bore IV of 0.9NS, and preferably two large bore, if time allows, without delaying transport
- Administer rapid infusion of normal saline fluid boluses, reassessing blood pressure, pulse and breath sounds with every 500 ml of fluid given to the patient. (If ↑ rates, discontinue bolus and maintain IV KVO)
- Notify receiving hospital of Probable Sepsis Patient, (if applicable)

PATIENT MONITORING

- Vital signs, including temperature and pulse oximetry
- Apply cardiac monitor
- Transfer patient flat (if tolerated)
- Breath sounds