

ADULT SEPSIS

HPI	Criteria (≥ 2)	Differential Diagnosis
<ul style="list-style-type: none"> Fever, chills, sweats Recent antibiotic use Suspected, documented infection 	<ul style="list-style-type: none"> SBP < 100 MAP < 65 Temp. > 38° C (100.4° F) or < 36° C (96.8° F) Respirations > 20/min Heart Rate > 90 BPM EtCO₂ \leq 25 mmHg <u>AMS</u> 	<ul style="list-style-type: none"> Hypovolemic shock Cardiogenic shock

	EMR	EMT	PM
1. Provide Adult Routine Medical Care - treat life threatening problems with airway, breathing circulation and disability.	•	•	•
2. Obtain ECG and/or 12 lead, monitor Capnography.		•	•
3. Evaluate for suspected or documented infection		•	•

UNSTABLE: Any 2 or more of the above listed criteria

4. If ≥ 2 criteria met, call OLMC for SEPSIS ALERT	•	•
5. NORMAL SALINE in 500 mL increments, target 30mL/kg		•
6. If condition continues to deteriorate and MAP <65 despite NORMAL SALINE: PUSH DOSE EPINEPHRINE : 50 mcg (5mL) IVP/IO, repeat 5 min., max. 100mcg, target MAP \geq 65		•

PEARLS:

1. Bedside report to hospital to include total amount of IVF infused
2. Early, aggressive IV fluid administration is essential in the treatment of suspected sepsis or septic shock.
3. Sometimes patients may present with complaints of weakness, malaise, altered mental status, or simply "not eating." The source of infection may be readily apparent (cellulitis), may require extensive testing, or may be completely obscure.