

2.15 SUSPECTED SEPSIS

RETIRE

BLS Treatment
<ul style="list-style-type: none">• Position of comfort.• NPO• Oxygen as indicated.
ALS Treatment
<ul style="list-style-type: none">• Establish IV/IO with Normal Saline TKO. Recommend 2 IV lines if possible.• If blood glucose <60 mg/dl, unmeasurable or patient is a known diabetic: Dextrose• For HR > 100 or BP <90 administer Normal Saline fluid bolus.
<p><u>SEPSIS SCREEN</u></p> <p>For all patients with vital sign abnormalities, conduct the following screen (see COMMENTS):</p> <ol style="list-style-type: none">1. Does patient have suspected or documented infection?2. Does patient have 2 or more of the following vital sign abnormalities:<ul style="list-style-type: none">▪ Temperature > 38° C or < 36° C▪ Heart Rate > 90▪ Respiratory Rate > 20 <p>If answer to BOTH #1 and #2 is YES, continue with sepsis protocol. Otherwise go to other applicable protocol.</p>
Comments
<ul style="list-style-type: none">• Sepsis is caused by a whole-body inflammatory response called, “Systemic Inflammatory Response Syndrome” characterized by a fever (not always present), tachycardia, tachypnea and hypotension. It is more common in the very young (newborns), the elderly, diabetics or those with compromised immune systems. Other risk factors include: cancer/malignancies, renal disease, alcoholism, drug abuse, malnutrition, hypothermia or recent surgical or other invasive procedures (e.g. long-term venous catheters placed). Field treatment is early recognition, fluid and notifying hospital staff about possible sepsis.
Base Hospital Contact Criteria
Consultations as need for question about possible septic patient.