Sepsis - Adult 4/5/6.11.1 **EMT** Version 6, 01/2023 Patient generally unwell with suspected infection < 36°C or > 38.3°C HR, RR, ECG, SpO₂ & BP monitoring temperature > 38.3°C consider Paracetamol 1g PO Abnormal physiology? Source of infection? Paracetamol 1g IV Evidence of at risk criteria (any 1 of 3) 1. Any 1 clinical sign of acute organ dysfunction At risk Yes< -No 2. At risk of neutropenia (bone marrow failure, autoimmune disorder, treatment including but not limited to chemo/ radiotherapy). Note: these patients may present without fever Give 3 if clinically "Give 3" indicated 1. O₂ titrate to sats >94% (88-92% for chronic lung conditions e.g. COPD) 2. IV fluids, patients with hypotension 3. ≥ 2 SIRS criteria PLUS ≥ 1 comax 30mL/kg morbidity. 3. IV antimicrobials Signs of hypoperfusion Monitor clinical condition: Yes re-evaluate for possible Indication for antibiotic sepsis if clinically indicated Septic shock Request Sepsis Meningitis suspected At risk of neutropenia ALS Signs of Systemic Inflammatory Response Syndrome (SIRS) Temperature < 36 or > 38.3°C Over 15 minutes Heart rate > 90 - Respiratory rate > 20 Acutely confused Indication · Glucose > 7.7 (not diabetic) for antibiotic Has the patient two or more signs (SIRS) Ceftriaxone 2g IV/IO/IM High Consequence Infectious Disease (HCID) ensure appropriate PPF is worn: Long sleeve gown Signs of hypoperfusion Facemask ▼ NaCl (0.9%) 500mL IV/IO Eye protection Over 15mins Repeat x 2 prn f septic shock suspected and not responsive to IV fluids consider Adrenaline 10mcg IV/IO Repeat prn alert ED if: If SIRS + infection advise Triage sepsis septic shock nurse meningitis suspected

