

1. Assess airway and initiate basic and/or advanced airway maneuvers prn ([MCG 1302](#))
2. Administer **Oxygen** prn ([MCG 1302](#))
3. Initiate cardiac monitoring prn ([MCG 1308](#))
Perform 12-lead ECG if cardiac ischemia suspected
4. Establish vascular access prn ([MCG 1375](#))
5. If available, consider applying capnography for patients in whom you suspect sepsis ([MCG 1305](#))
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6. For suspected sepsis with any **one** of the following: tactile fever, tachycardia, or poor perfusion :
Normal Saline 1L IV/IO rapid infusion
Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema);
stop infusion if pulmonary edema develops
Document Provider Impression of *Sepsis* **2**

For persistent poor perfusion ([MCG 1355](#)), treat in conjunction with [TP 1207, Shock/Hypotension](#)
7. Check blood glucose prn;
If < 60mg/dL or >400 mg/dL treat in conjunction with [TP 1203, Diabetic Emergencies](#)
8. If fever present without signs of sepsis or poor perfusion:
Perform passive cooling measures and cover with thermal blankets if shivering occurs
Document Provider Impression of *Fever* **3**
9. Obtain a travel history
For potential emerging infectious disease, contact the Medical Alert Center to determine if special isolation procedures or transport is required **4**
10. For nausea or vomiting:
Ondansetron 4mg ODT/IV/IM
11. For pain management: refer to [MCG 1345, Pain Management](#)

SPECIAL CONSIDERATIONS

- ❶ An end-tidal CO₂ (EtCO₂) reading ≤ 25mmHG strongly supports the provider impression of sepsis in patients for whom sepsis is suspected.
- ❷ Sepsis is defined as the body's response to infection and *may* include fever, tachycardia or bradycardia, tachypnea, and signs of poor perfusion. Other signs of infection may be present such as cough (e.g., pneumonia), painful urination (e.g., urinary tract infection), abdominal pain (e.g., appendicitis), headache (e.g., meningitis), or a red swollen extremity (e.g., cellulitis, or necrotizing fasciitis). Septic shock is a continuum of signs and symptoms, which includes the presence of hypotension and/or evidence of poor perfusion. If infection is present and sepsis with or without shock is present document provider impression as *Sepsis*.
- ❸ Fever is a natural response of the body to fight infection and may be present without signs of sepsis. If fever is present without signs of sepsis (tachypnea, tachycardia, or obvious sign of infection) or septic shock (signs of poor perfusion), document the provider impression as *Fever*.
- ❹ Certain emerging diseases (e.g., Ebola virus disease) require special isolation procedures and transport. Determination of suspected cases must be made in coordination with the Department of Public Health (DPH). The Medical Alert Center (MAC) will facilitate DPH consultation and deployment of a High-Risk Ambulance (HRA) when indicated. Contact the MAC via phone at (562) 347-1789, ReddiNet, or VMED-28.

For Ebola Virus Disease: Patient Assessment and Transportation Guidelines can be accessed at the EMS Agency website or the following link:

https://file.lacounty.gov/SDSInter/dhs/1040046_LACoEbola911FlowChart-CongoDRC20180524FINAL.pdf