

Suspected Sepsis

History

- Age (common in elderly and very young)
- Presence and duration of fever
- Previously documented infection or illness (UTI, pneumonia, meningitis, encephalitis, cellulitis, or abscess)
- Recent surgery or invasive procedure
- Immunocompromised
- Bedridden or immobile patients
- Prosthetic or indwelling devices
- Immunization status

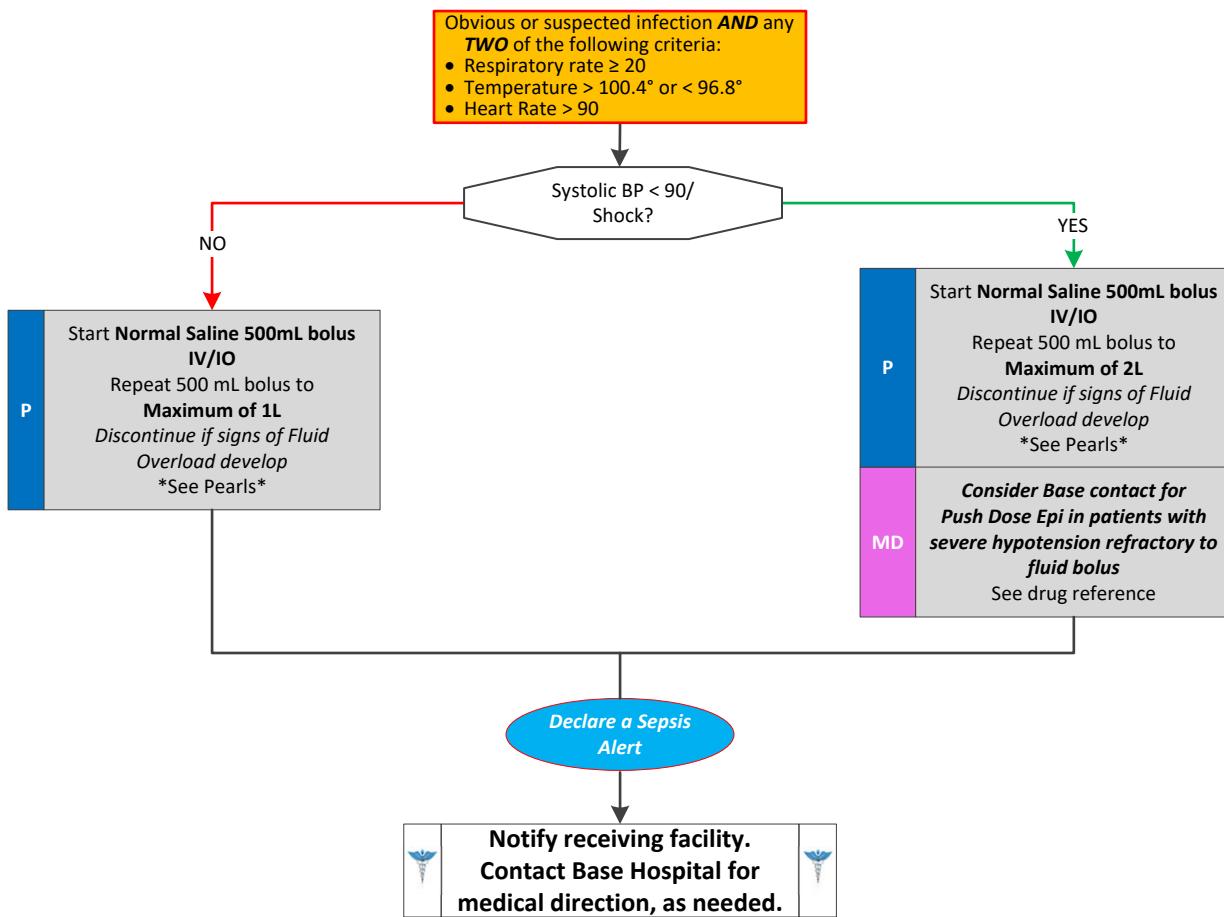
Signs and Symptoms

- Hyper or hypothermia
- Rash or excessive bruising
- Chills
- Myalgia
- Markedly decreased urine output
- AMS
- Delayed capillary refill
- Elevated blood glucose (unless diabetic)

Differential

- Shock (hypovolemic or cardiogenic)
- Dehydration
- Hyperthyroidism
- Medication or drug interaction
- Non-septic infection
- Allergic reaction or anaphylaxis
- Toxicological emergency

E	Universal Patient Care TG
P	Consider appropriate PPE and infection control measures
	Establish IV/IO
	Cardiac monitor
	EtCO ₂ monitoring



Treatment Guideline A17

Suspected Sepsis

Pearls

- Early recognition of sepsis allows for attentive care and early administration of antibiotics.
- Aggressive IV fluid therapy is the most important prehospital treatment for sepsis. Suspected sepsis patients should receive repeated fluid boluses (**to a Maximum of 2L**) while being checked frequently for signs of pulmonary edema, especially in patients with a known history of CHF or ESRD on dialysis. STOP fluid administration in the setting of pulmonary edema.
- Septic patients are especially susceptible to traumatic lung injury and ARDS. If artificial ventilation is necessary, avoid ventilating with excessive tidal volumes. Use only enough tidal volume to see the chest rise. **If CPAP is utilized, airway pressure should be limited to 7.5cm H₂O if using a rate adjustable device.**
- Attempt to identify source of infection (e.g. skin, respiratory, etc.) and relay previous treatments and related history to receiving ED physician.
- Disseminated Intravascular Coagulation (DIC) is an ominous, late stage manifestation of sepsis characterized by frank, extensive bruising, bleeding from multiple sites, and finally tissue death.



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