



History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none">▪ Age (common in elderly and young)▪ Recent infection (RSV, UTI, pneumonia, abscess, etc...)▪ Recent surgery▪ Bedridden or immobile▪ Indwelling devices▪ Immunocompromised	<ul style="list-style-type: none">▪ Altered mental status▪ Weakness▪ Hypo or Hyperthermia

Assessment:

<ul style="list-style-type: none">▪ Medical Assessment	
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Clinical Management Options:

Interventions	Pharmacology
<ul style="list-style-type: none">▪ Oxygen therapy as appropriate▪ Vascular access▪ Fluid Bolus PRN to achieve systolic 70 + (age x2)▪ Sepsis Alert	<ul style="list-style-type: none">▪ Acetaminophen 15mg/kg OR Ofirmev 15mg/kg IV over 15 minutes<ul style="list-style-type: none">○ If unable to swallow○ Max dose 1000mg▪ Norepinephrine infusion 2-10 mcg/min<ul style="list-style-type: none">○ Use IV pump○ Mix 4mg in 1000ml○ Titrate to SBP (Age*2) + 70○ Start at 2mcg/min

Considerations:

- Consider likely sources such as: pulmonary, urinary, CNS, Skin, and abdominal.
- Early recognition of sepsis is important to the patient so they receive early administration of antibiotic therapy.
- Aggressive IV fluid therapy is the most important prehospital treatment for sepsis. Ensure that you evaluate frequently for fluid overload, such as pulmonary edema. If pulmonary edema develops, discontinue fluid bolus and consider Norepinephrine.