| MCHD | ADULT MEDICAL<br>AM-14 | SEPSIS | Page 1 of 1<br>Last Revision:<br>09/06/2019 |
|---|---|---|---|

## History and Physical:

| Historical Findings | Physical Findings |
|---|---|
| ▪ Age (common in elderly and young)<br>▪ Recent infection (UTI, pneumonia, abscess, etc…)<br>▪ Recent surgery<br>▪ Bedridden or immobile<br>▪ Indwelling devices<br>▪ Immunocompromised | ▪ Altered mental status<br>▪ Weakness<br>▪ Hypo or Hyperthermia |

## Assessment:

- Medical Assessment
- Obtain Temperature
- qSOFA Score, if you suspect an infection (score of 2 or more is predictive of poor prognosis).
- Consider Shock Index
- Differential Diagnoses: AMS, CVA, Pneumonia, COPD, CHF, Cardiac, PE

| qSOFA | No | Yes |
|---|---|---|
| Respiratory Rate ≥ 22 | 0 | 1 |
| GCS < 15 | 0 | 1 |
| Systolic BP ≤ 100 | 0 | 1 |

Shock Index – HR/SBP (Greater than .8 indicates shock syndrome)

## Clinical Management Options:

| Interventions | Pharmacology |
|---|---|
| ▪ Oxygen therapy as appropriate<br>▪ Vascular access<br>▪ Fluid Bolus- PRN to achieve MAP > 65<br>▪ Sepsis Alert if qSOFA score of ≥ 2 | ▪ **Acetaminophen** 975 mg PO, PRN<br>**OR**<br>▪ **Ofirmev** 1000mg IV over 15 minutes<br>o If unable to swallow<br>▪ **Norepinephrine** infusion 2-10 mcg/min<br>o Use IV pump<br>o Mix 4mg in 1000ml<br>o Administer if patient remains hypotensive 5 minutes after fluid bolus |

## 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 Infusion.
- Fluid bolus should be more conservative in patient with history of CHF and End Stage Renal Failure.