Prehospital Care Bundles

The MLREMS Prehospital Care Bundles have been created to provide a simple framework to help EMS providers identify the most critical elements when caring for a patient. These bundles do not replace protocol, but are designed to assist quality assurance and performance evaluations as we work collectively to optimize the delivery of prehospital medicine. As the science and evidence changes, so will these care bundles.

The New York State Collaborative Protocols and the MLREMS Care Bundles are intended to improve patient care by prehospital providers. They reflect current evidence and the consensus of content matter experts. The Collaborative Protocols and the MLREMS Care Bundles are intended to provide principles and direction for the management of patients that are sufficiently flexible to accommodate the complexity of care in the prehospital environment. No Protocol or Care Bundle can be written to cover every situation that a provider may encounter, nor are they substitutes for the judgement and experience of the provider. Providers are expected to utilize their best clinical judgement to deliver care and procedures according to what is reasonable and prudent for specific situations. However, it is expected that any deviations from protocol shall be documented along with the rationale for such deviation.

NO PROTOCOL OR CARE BUNDLE IS A SUBSTITUTE FOR SOUND CLINICAL JUDGEMENT.

Systemic Infection Care Bundle

Systemic Infection Bundle

Metric	Goal
Early Identification	Within 5 minutes of patient contact
Capnography	Prehospital respiratory rate and $EtCO_2$ monitoring
Temperature	Document tactile or measured temperature
Large Bore Vascular Access	2 Large Bore (14 or 16 gauge preferred) IV's
Fluid Resuscitation	Initiation of crystalloid fluid resuscitation

Theory/Evidence

Early Identification

- Early identification and subsequent management of patients with suspected sepsis or septic shock reduces morbidity and mortality.

Capnography

- Tachypnea is the earliest vital sign indicative of critical illness and an $EtCO_2$ of <25 mmHg correlates with serum lactic acidosis which provides evidence of sepis.

Temperature

- Patients with evidence of systemic infectious illness should have a documented temperature whether it be measured by a device, or ascertained by palpating the skin.

Large Bore IV Access

- Establishing large bore (14 or 16 gauge) IV's allows for the most efficient fluid resuscitation in patients with suspected sepsis or septic shock.

Fluid Resuscitation

- Early and aggressive fluid resuscitation in patients with suspected sepsis or septic shock reduces morbidity and mortality.