Monroe Livingston Region Program Agency

Division of Prehospital Medicine, University of Rochester
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To: All Providers and Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P
Regional Medical Director

Date: January 16, 2015

Re: Advisory 15-02: Sepsis Protocol

Recognition and management of patients with Sepsis is increasingly important. In response to this, the REMAC developed Protocol 2.41 - Sepsis, to help guide prehospital personnel in their management of patients with suspected Sepsis. The Sepsis Protocol is attached to this Advisory and available online. This protocol is effective immediately.

An educational vodcast has been created to provide information about sepsis and its management. The vodcast training is not mandatory, but strongly encouraged and providers are eligible for one (1) hour of BLS or ALS CME following a review of the vodcast and satisfactory completion of the post test.

With any questions, please do not hesitate to contact our office.

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2.41 SEPSIS

CRITERIA

An adult patient with **all three** of the following:

- Suspected infection
- Hypotension (systolic blood pressure <90 mmHg) **OR** altered mental status
- At least two of the following:
  - Heart Rate > 90 beats/min
  - Respiratory Rate RR > 20 breaths/min or $PaCO_2$ < 32 mmHg
  - Temperature > 100.4° F (38°C) or < 96.8°F (36°C) (if available
  - White Blood Count > 12,000 cells/mm^3 or < 4,000 cells/mm^3 or >10% bands (if available)

1. Routine medical care.

2. Assure airway patency and administer oxygen per protocol.

3. Assess signs, symptoms, history of present illness and medical history.

4. Timely transport in supine position if patient exhibits signs/symptoms of septic shock. Keep patient warm by passive measures including warm ambulance compartment temperature, but avoid hyperthermia.

EMT STOP

5. Establish large bore vascular access and administer 2 L of 0.9% Normal Saline (NS).

6. Obtain blood glucose and (if available) serum lactate.

7. Consider second large bore intravenous access.

8. Continue aggressive fluid maintenance beyond 2 liters NS, even if patient presents with normal vital signs, provided lung sounds remain clear.

9. If systolic blood pressure < 90 mmHg despite 3 L of fluid, consider Norepinephrine 2-20 mcg/min IV/IO titrated to maintain MAP >65 mmHg using a rate-limiting device. Use Y-site secondary tubing for Norepinephrine running into free-flowing normal saline primary tubing.

10. If patient meets above criteria, contact receiving hospital of a “Sepsis Alert” and provide the appropriate clinical information.