**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

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**Universal Patient Care TG**
- Consider appropriate PPE and infection control measures

**P**
- Establish IV/IO
- Cardiac monitor
- EtCO₂ monitoring

**Obvious or suspected infection AND any TWO of the following criteria:**
- Respiratory rate ≥ 20
- Temperature > 100.4° or < 96.8°
- Heart Rate > 90

**Systolic BP < 90/ Shock?**

**NO**
- Start Normal Saline 500mL bolus IV/IO
  - Repeat 500 mL bolus to Maximum of 1L
  - Discontinue if signs of Fluid Overload develop
  - *See Pearls*

**YES**
- **MD**
  - Consider Base contact for Push Dose Epi in patients with severe hypotension refractory to fluid bolus
  - See drug reference

**Declare a Sepsis Alert**
- Notify receiving facility. Contact Base Hospital for medical direction, as needed.

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Contra Costa County Emergency Medical Services
Suspected Sepsis

**Effective Jan. 2021**

Treatment Guideline A17
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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.