(on file)
EMS Agency Medical Director

Effective: July 1, 2016
Revised: March 2025

SEPSIS - ADULT

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing. Immediate, rapid transport is preferred with treatment performed en route.*

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE –

- Assess airway and support ventilation with appropriate airway adjuncts as indicated
- HP-CPR as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress

Quick Sequential Organ Failure Assessment **(qSOFA)** Scoring:

qSOFA Criteria	Points
RESPIRATORY RATE >20	**1**
CHANGE IN MENTAL STATUS	**1**
SBP < 100 mmHg	**1**

If history is suggestive of infection and qSOFA score is 2 or greater, sepsis should be suspected.

ETCO2- A low reading of <25 with corresponding 2 or more qSOFA indications can indicate sepsis.

LOSOP

EMT working under Local Optional Scope

GLUCOSE LEVEL ASSESSMENT – Via finger stick and treat if indicated.

Advanced Life Support

Paramedic

GLUCOSE LEVEL ASSESSMENT - Via venipuncture or finger stick. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if the patient's presentation doesn't match the test results.

VASCULAR ACCESS - Establish a large bore IV via blood administration or macro drip tubing. Or establish IO if unable to establish IV. Consider a second IV if time and symptoms dictate.

NORMAL SALINE –

- 1000 mL fluid bolus
- Repeat fluid bolus of 500-1000 ml to a max of 30ml/kg
- If SBP remains <100 after receiving 30mL/kg total, call base hospital

Do not withhold fluid boluses even in the presence of "wet lungs".

FOR HYPOTENSION REFRACTORY TO FLUID ADMINSTRATION

EPINEPHRINE (Push-Dose):

- **2mL (20mcg)** IVP every 2-5 minutes, carefully monitoring BP
- May reduce subsequent doses by half (**1mL or 10mcg**) to effect.

See EPINEPHRINE DILUTION field procedure for diluting 1mL of 1:10,000 in 9mL normal saline, to create 10 mL Epi 1:100,000

NOTE: The initial treatment of Sepsis involves maximizing perfusion with intravenous fluid boluses, not vasopressors.

SEPSIS – PEDIATRIC

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing. Immediate, rapid transport is preferred with treatment performed en route.*

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE –

- Assess airway and support ventilation with appropriate airway adjuncts as indicated
- HP-CPR as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- Assess perfusion with vital signs, capillary refill, and skin signs. Also assess mental status as abnormal responsiveness indicates poor perfusion.
- If fever present without signs of poor perfusion or sepsis, perform passive cooling measures

If history is suggestive of infection and patient has signs of poor perfusion, sepsis should be suspected.

ETCO2- A low reading of <25 with can indicate sepsis.

LOSOP

EMT working under Local Optional Scope

GLUCOSE LEVEL ASSESSMENT – Via finger stick and treat if indicated.

Advanced Life Support

Paramedic

GLUCOSE LEVEL ASSESSMENT - Via venipuncture or finger stick. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if the patient's presentation doesn't match the test results.

VASCULAR ACCESS - Establish an IV or an IO if unable to establish IV.

NORMAL SALINE –

- 20 mL/kg rapid bolus. Reassess lungs after every bolus.

- Repeat fluid bolus unless signs of fluid overload for signs of poor perfusion. Max: 60 ml/kg.

FOR HYPOTENSION REFRACTORY TO FLUID ADMINSTRATION

EPINEPHRINE 1:100,000 (push dose):	
<20 kg **0.1mL/kg** (1 mcg/kg) • Slow IVP (over 2-5 min), titrated to effect. • May reduce to 0.05mL/kg • Push **slowly** and carefully monitor BP.	>20 kg **2 mL** (20 mcg) • Slow IVP (over 2-5 min), titrated to effect. • May reduce to 1mL • Push **slowly** and carefully monitor BP.
See EPINEPHRINE DILUTION field procedure for diluting 1mL of 1:10,000 in 9mL normal saline to create 10 mL Epi 1:100,000	