



Sepsis

INDICATION	<ul style="list-style-type: none"> • Sepsis: A life threatening condition that typically progresses rapidly due to severe infection of multiple organ systems. Sepsis can lead to shock, organ failure and death if not promptly recognized and treated. • Patients should be considered septic if the patient has confirmed or suspected presence of infection (i.e. urinary tract infection, respiratory infection, spreading skin infection, jaundice, recent lab values indicating an elevated white blood cell count, etc.) and a Sepsis Alert initiated in the presence of the following criteria: <ul style="list-style-type: none"> • Adults: $ETCO_2 < 25$ mmHg and any 2 of the following markers: <ul style="list-style-type: none"> • Temperature of $> 38^{\circ}C$ ($100.4^{\circ}F$) or $< 36^{\circ}C$ ($96.8^{\circ}F$). • Respiratory rate > 20 breaths per minutes. • Heart Rate > 90 bpm. • Pediatrics: $ETCO_2 < 32$ mmHg and any 2 of the following markers: <ul style="list-style-type: none"> • Temperature of $> 38^{\circ}C$ ($100.4^{\circ}F$) or $< 36^{\circ}C$ ($96.8^{\circ}F$). • Tachypnea (reference Normal Pediatric Vital Signs chart). • Tachycardia (reference Normal Pediatric Vital Signs chart).
BLS	<ul style="list-style-type: none"> • Follow General Medical Care M-01. • For pediatric patients, follow General Pediatric Care P-01. • Initiate a Sepsis Alert to the receiving facility as early as possible. • Administer 100% oxygen via NRB.
ALS	<ul style="list-style-type: none"> • Administer Fluid Challenge AP-09.
KEY CONCEPTS	<ul style="list-style-type: none"> • Continuous $ETCO_2$ monitoring should be used. • Early notification to the receiving facility allows for appropriate preparation to receive the patient. • Providers should use their best judgment to initiate a Sepsis Alert when they identify a potentially septic patient who does not meet the specific criteria.