

Title: Adult Sepsis/Septic Shock Alert

08/20

Purpose: The purpose of this policy is to outline criteria to rapidly identify patients that are at higher risk of being septic.

Scope: All EMS agencies authorized as such operating within the SHCBG catchment area.

Discussion: Sepsis is defined as a systemic inflammatory response of the body in response to infection. The infecting pathogen triggers an overwhelming immune response causing widespread inflammation, microvascular blood clots, and fluid shifts impairing blood flow and oxygenation to critical organs such as the brain, lungs, kidneys, or liver. When sepsis is not suspected or treated promptly, hypotension, organ damage, or MODS may result.

Policy: The provider will place the receiving facility on a SEPSIS alert when a patient exhibits at least two Systemic Inflammatory Response criteria (SIRS) criteria with a suspected or confirmed infection. It is expected that all potential sepsis patients have a temperature taken by EMS as part of the standard assessment.

- Must be over 18 years old.
- SIRS Criteria
 - Temperature less than 36 degrees (C), greater than 38 degrees (C), or feels clinically febrile.
 - Heart rate higher than 90 beats per minute.
 - Respirations higher than 20 breaths per minute OR the patient is mechanically ventilated.
 - New-onset altered mental status or a change in mental status from the patient's baseline.
 - Hypoperfusion evidenced by SBP less than 90 mmHg or MAP less than 65 mmHg.
 - EtCO2 less than or equal to 25 cmH2O.
- Confirmed infection or history highly suggestive of infection including but not limited to:
 - Recent antibiotic therapy.
 - Recent medical/surgical infection or recent hospitalization.
 - Indwelling Foley catheter.
 - Tubes into body cavities (PICC, central lines, PEG tubes, etc.).
 - Immuno-compromised patients (AIDS, cancer, etc.).
 - Chemotherapy within the last six weeks.
 - A resident of a skilled nursing or rehabilitation facility.
 - Evidence of cellulitis, dysuria, cough with or without sputum production, bedsore(s) or other non-healing wounds, diarrhea, or abdominal pain.

Prehospital management of the septic shock patient will follow Connecticut EMS Statewide protocol 2.22 A.