



Coastal Bend Regional Advisory Council Trauma Service Area - U

Regional Sepsis Alert Criteria

Reviewed/Revised/Approved: November 2020

SEPSIS ALERT CRITERIA - CBRAC Ages 15 and Greater

Suspected Infection

AND

At Least Two of the Following

- Altered Mentation (Confused, Agitated, A Change from Baseline)
- Respiratory Rate greater than 20 breaths per minute
- Heart rate >90 at rest
- An SBP < 90 mm Hg or a MAP < 65 mm Hg
- Temperature <96.8 or >100.9
- End Tidal CO₂ of < 25 ppm

SEPSIS ALERT MANAGEMENT

EMT Level

- 1) Work to minimize scene time to Less than 10 Minutes. Notify receiving facility of criteria met above as soon as practical.
- 2) Administer O₂ via least invasive method necessary to maintain O₂ Sats 94% or greater.

Paramedic Level

- 3) Notify closest appropriate facility of Sepsis Alert and Criteria met as soon as practical.
- 4) Prepare to administer Crystalloid Bolus. LR preferred, NS if only available.
 - a) Obtain IV access.
 - b) Consider early IO placement for volume resuscitation. Humeral head is preferred.
- 5) Administer 500ml Crystalloid Bolus at a Rapid Rate
 - a) Consider repeating Bolus if no contraindications. i.e. lung crackles or “wet” lungs.
 - b) May administer up to 2000ml without contacting Medical Control
- 6) Consider vasopressors if unresponsive to fluid therapy
 - a) Contact Medical Control OR Utilize Company Standing Orders

-Recommended Pressor Therapy:

- Norepinephrine: Start at 4mcg/min IV, titrate to an SBP of 100 mmHg or MAP>65 (Norepinephrine is first choice of pressor in Sepsis)

-Alternative Pressor:

- Dopamine: Start at 10mcg/kg/min IV, titrate to a SBP of 100 mmHg or MAP>65
 - o Note: Dopamine may cause worsened tachycardia in the already tachycardic patient. Titrate as necessary to affect.
- Consult Med Control PRN