



Coastal Bend Regional Advisory Council Trauma Service Area - U

Pre-Hospital Regional Sepsis Alert Criteria

Reviewed/Revised/Approved: January 2026

SEPSIS ALERT CRITERIA - CBRAC Ages 15 and Greater

These are regional guidelines and do not supersede a Medical Director's Order set.

Determine a Suspected or Confirmed 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 bpm at rest
- An SBP < 90 mm Hg or a MAP < 65 mm Hg
- Temperature <96.8 or >100.9
 - **Exception:** Pregnant patients ≥ 20 weeks gestation or within 3 days postpartum, the fever threshold is > 100.4 °F
- End Tidal CO₂ of < 30 mmHg

SEPSIS ALERT MANAGEMENT

EMT Level

1. **Scene Time:** Minimize to < 10 minutes
2. **Notification:** Notify receiving facility and activate PULSARA Sepsis Alert as soon as practical once criteria are met.
3. **Oxygen:** Administer via the least invasive method necessary to maintain SpO₂ ≥ 94%

Paramedic Level

4. **Notification:** Declare “Sepsis Alert” via PULSARA and transport to the closest appropriate facility as soon as practical. Consider air transport depending on location and per protocol.
5. **Fluid Resuscitation:**
 - Preferred Fluid: Lactated Ringer's (LR)
 - Alternate: Normal Saline (NS) if LR unavailable
 - Obtain IV access
 - Consider early IO placement (humeral head preferred)
 - Administer an initial 500 mL Crystalloid Bolus rapidly
 - Subsequent Boluses: Administer 250 mL at a time, reassessing after each bolus for improvement or signs of fluid overload
 - Maximum total: Up to 2000 mL may be administered without Medical Control contact
 - Document and verbally report start time of fluids and total amount given en route.

6. **Antibiotic Administration (If Authorized by Agency Protocol):**

- Rocephin (Ceftriaxone) 2 grams IVP/IO, administered slowly over several minutes
- *Confirm no known allergy to cephalosporins or penicillins before administration
- Use clinical judgment: Consider that the illness may be viral in nature; antibiotics may not be appropriate for every patient.
 - Evaluate history, presentation, and likelihood of bacterial infection before administration.
- Document time and route of administration and notify the receiving facility verbally upon arrival.

7. Vasopressors (if unresponsive to fluids):

Preferred Pressor:

- Norepinephrine: Start at 4 mcg/min IV, titrate to maintain SBP \geq 100 mmHg or MAP \geq 65 mmHg
- Consult Medical Control as needed
- If Norepinephrine is not available, follow your company guidelines.