



CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD Clinical Review and Training

Sepsis

Purpose: Sepsis continues to be a widespread cause of death, with mortality rates between 30-50%. Early recognition and subsequent antibiotic administration has been shown to significantly reduce mortality.

Indication: Documented or suspected source of infection AND at least TWO of the following:

- Relative tachycardia > 90 bpm
- Tachypnea > 20 /min
- SBP < 90 mmHg
- Temperature > 100.4°F or < 96°F
- Systemic inflammatory response state i.e., *signs of organ system hypoperfusion (ALOC, third spacing, petechial hemorrhaging, decreased urine output)*
- *Other evidence of hypoperfusion*

Treatment:

Skill Level: I, P

1. Place patient on the pulse oximetry to ensure adequate oxygenation.
2. Perform assessment with focus on recent surgical or invasive procedures.
3. Obtain finger-stick blood glucose, a temperature, and a lactate reading.
4. **If lactate reading ≥ 4 mmol,** establish vascular access for fluid resuscitation with normal saline.
 - Adult normotension: Infuse **1000 ml** of NaCl with rapid pressure infuser. Reassess patient and vital signs to determine if further fluid therapy is needed.
 - Adult hypotension: Infuse **1000 ml** of NaCl with rapid pressure infuser. For refractory hypotension, repeat **1000 ml** NaCl with rapid pressure infuser. For continued refractory hypotension consider Dopamine at **5-15 mcg/kg/min** simultaneously with continued fluid administration. Aim for a SBP > 100.
 - Pediatric normotension: Infuse **20 ml/kg** NaCl with rapid pressure infuser. Reassess patient and vital signs to determine if further fluid therapy is needed.
 - Pediatric hypotension: Infuse **20 ml/kg** NaCl with rapid pressure infuser. For refractory hypotension, repeat **20 ml/kg** NaCl with rapid pressure infuser. For continued refractory hypotension, contact medical command for further therapy.
5. Consult medical command for early sepsis notification.