Sepsis Alert

ADULT | PEDIATRIC

Suspected Infection Criteria
1 or more indicators of infection present, including, but not limited to, the examples below.

- Pneumonia
- Cellulitis
- UTI
- Abdominal Pain
- Wound Infection
- Current Antibiotics
- Immunocompromised

Adult Physiologic Criteria
2 or more physiologic criteria acutely present

- Perfusion
  - SBP < 90 mmHg
  - HR Sustained > 90
- Respiratory Rate > 20
- Temperature > 100.4 or hot to the touch
- EtCO2 Sustained < 25 mmHg

Pediatric Physiologic Criteria
2 or more physiologic criteria acutely present

- Perfusion
  - SBP < Minimum in Handtevy
  - HR Sustained above or near Handtevy maximum
  - Delayed capillary refill or skin signs consistent with distributive shock.
- Respiratory Rate above or near Handtevy maximum.
- Temperature > 100.4 or hot to the touch
- EtCO2 Sustained < 25 mmHg

Sepsis Alert
When infection is suspected and two or more physiologic criteria are met, notify the receiving facility of a "Sepsis Alert"

BLS Procedures

- Administer Oxygen as indicated

ALS Standing Orders

Sepsis Suspected
IV/IO Access
- Normal Saline
  - IV/IO Bolus - 1 Liter

Suspected Shock
- Epinephrine 10 mcg/mL
  - 1 mL (10 mcg) q 2 minutes, slow IV/IO push
  - Titrate to SBP of greater than or equal to 90 mm/Hg

Sepsis Suspected
IV/IO Access
- Normal Saline
  - IV/IO Bolus - 20 mL/kg

Suspected Shock
- Epinephrine 10 mcg/mL
  - 0.1 mL/kg (1 mcg/kg) q 2 minutes, slow IV/IO push
  - Max single dose of 1 mL or 10 mcg
  - Titrate to SBP of greater than or equal to 80 mm/Hg

Base Hospital Orders Only

Consult with ED physician when orders are needed for interventions within scope but not addressed in policy

Effective Date: December 1, 2024
Next Review Date: October 31, 2026
Date Revised: October 10, 2024
Last Reviewed: October 10, 2024

VCEMS Medical Director