

Treatment Protocols**Date: 12/01/2020*****Systemic Inflammatory Response Syndrome/Suspected Sepsis - Adult*****Policy #9210A****Adult BLS Standing Orders**

- **Universal Patient Protocol**
- Ensure patent airway
- Give oxygen and/or ventilate PRN per **Airway Policy**
- Continuously monitor pulse oximetry, blood pressure, ECG, and capnography (if ALS available)
- Blood glucose PRN
- Identify criteria:
 - Suspected infection
 - And
 - 2 or more of the following:
 - HR >90 or high for age range
 - RR > 20 or high for age range
 - Temp >100.4
- Notify receiving facility of suspected SIRS patient

Adult LALS Standing Order Protocol

- Establish IV PRN
- **NS 0.9% 500 mL IV** regardless of blood pressure
 - May defer based on lung exam, hx of heart failure, or evidence of new heart failure
- If SBP less than 90 after initial fluid bolus:
 - Repeat **NS 0.9% 500 mL IV**

Adult ALS Standing Order Protocol

- Establish IO PRN
- Continuously monitor pulse oximetry, blood pressure, ECG, and capnography
- 12 lead EKG PRN
- NS 500-1,000 ml IV/IO PRN hypotension

Adult Base Hospital Orders

- **BH - Additional NS 0.9% 500-1,000 mL IV**
- **BH - Dopamine 5-20 mcg/kg/min** (400 mg/250ml) titrated to SBP >90 or
- BHP – Push dose epinephrine
 - A. Take Epinephrine 1 mg of 0.1 mg/ml preparation (Cardiac 1:10,000 Epinephrine) and waste 9 ml of Epinephrine
 - B. In that syringe, draw 9 ml of normal saline from the patient's IV bag and shake well
 - Mixture now provides 10 ml of Epinephrine at a 0.01 mg/ml (10 mcg/ml) concentration
 - C. If patient fulfill indications, and has approval from Base Hospital Physician, administer **Epinephrine 0.5 mL (5 mcg) IV/IO**, every 3 minutes, titrate to a SBP > 90 mmHg

APPROVED:

Signature on File

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