



SEPSIS

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BLS

- O₂ saturation PRN
- O₂ and/or ventilate PRN
- NPO, anticipate vomiting
- Obtain temperature
- If febrile, remove excess clothing
- Monitor blood glucose PRN

Assess for hypotension

- <1 month: SBP <60 mmHg
- 1 month – 1 year: SBP <70 mmHg
- 1 year – 10 years:
SBP <70mm Hg + (2x age in years)
- ≥10 years: SBP <90 mmHg

Assess for altered mental status

- 1 month – 1 year: lethargic or irritable, limp and flaccid
- 1 year – 10 years: lethargic, change in baseline per guardian

ALS

- Monitor/ECG
- IV/IO [Ⓐ]
- Capnography

Suspected sepsis

If history **suggestive of infection** with ≥2 of the following¹:

1. Temperature ≥100.4 °F (38.0 °C) or <96.8 °F (36.0 °C)
2. Tachycardia
3. Tachypnea or EtCO₂ <25 mmHg
4. Altered LOC
5. Hypotension
6. Weak peripheral pulses
7. Delayed capillary refill

- IV/IO fluid bolus per drug chart regardless of initial BP or lung sounds [Ⓐ]

- If no rales or hypotensive for age, give additional IV/IO fluid bolus per drug chart, MR x2 [Ⓐ]

Hypotensive for age after fluid boluses

- Push-dose epinephrine 1:100,000 (0.01 mg/mL) IV/IO per drug chart, MR q3 min, titrate to adequate perfusion

Push-dose epinephrine mixing instructions

1. Remove 1 mL normal saline (NS) from the 10 mL NS syringe
2. Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe

The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.

¹ Suspected sepsis should be reported to the Base Hospital and upon transfer of care at the receiving hospital.