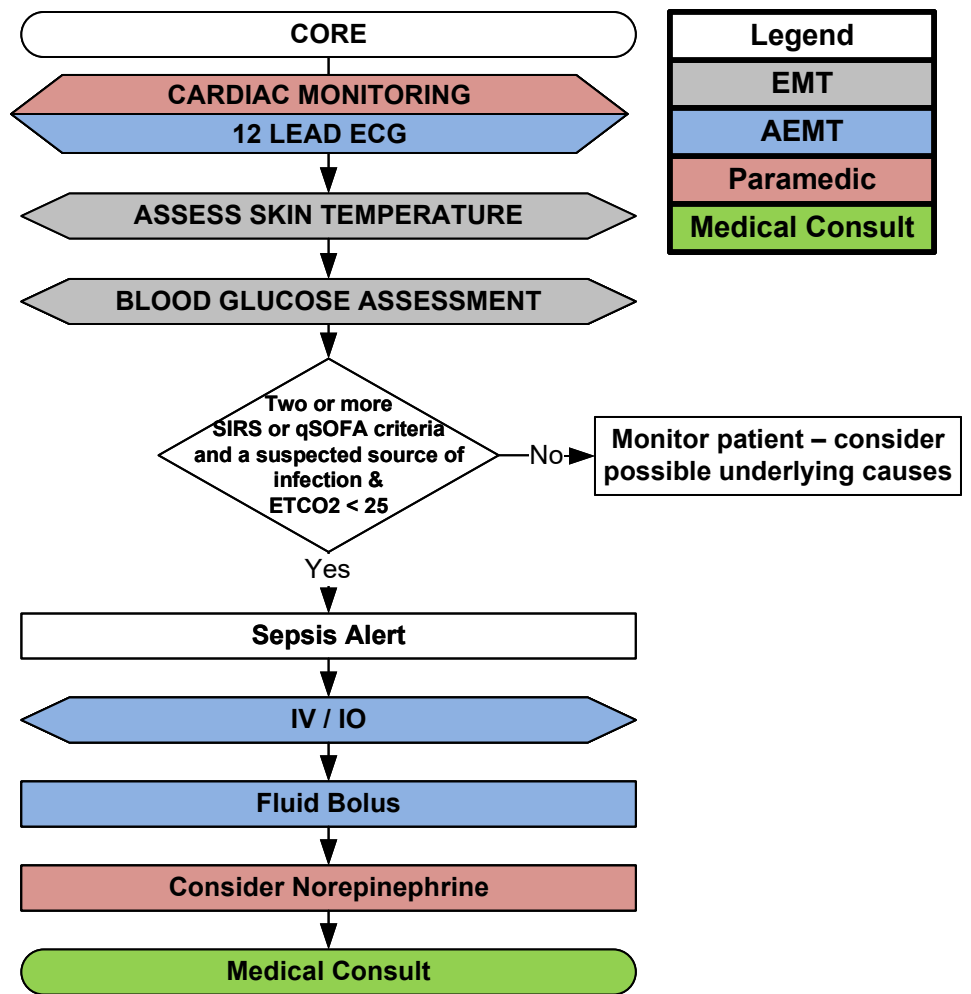


SEPSIS

History: ○ Age ○ Duration of Illness ○ Past medical history ○ Medications ○ Immunocompromised (transplant, HIV, diabetes, cancer) ○ Environmental exposure ○ Last acetaminophen or ibuprofen	Signs and Symptoms: ○ Warm ○ Flushed ○ Sweaty ○ Chills/Rigors Associated Symptoms ○ Myalgias, cough, chest pain, headache, dysuria, abdominal pain, mental status changes, rash	Differential: ○ Shock ○ Hypovolemic ○ Cardiogenic ○ Neurogenic ○ Anaphylactic ○ Fever ○ Cancer / Tumors / Lymphomas ○ Medication / drug reaction ○ Hyperthyroidism ○ Heat Stroke ○ Meningitis
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Systemic Inflammatory Response Syndrome (SIRS) Two or more of the following symptoms
○ Pulse: > 90 BPM ○ Respirations: > 20 or mechanically ventilated ○ Suspected Elevated Temperature ○ Altered Mental Status ○ Hyperglycemia (BS > 120mg/dl)

qSOFA (alternative criteria)
Score of 2 or more points with suspected infection = Sepsis Alert
○ B/P < 100 mmHg = 1 point ○ Respirations > 22 = 1 point ○ Any altered mental status = 1 point



Pearls:

- If available, report the patient's actual temperature. Temperatures of > 38°C (100.4°F) or < 36°C (96.8°F) are positive SIRS criteria.
- Sepsis is a rapidly progressing, life threatening condition due to systemic infection. Sepsis must be recognized early and treated aggressively to prevent progression to shock and death.
- The estimated mortality for sepsis is 30% to 50% for severe sepsis and 50% to 60% for septic shock, and can be higher if the patient develops additional complications.
- In the presence of hypotension, administer 250 ml bolus of normal saline to maximum of 30 ml/kg (unless contraindicated) prior to norepinephrine administration.
- In cases of suspected right sided heart failure, contact medical control for fluid orders.
- In the event that Norepinephrine is unavailable, Push Dose Epinephrine may be used.
- Documentation should include antibiotics given prior or during transport, cultures and results if available as well as lactate value and timing of most recent draw.