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

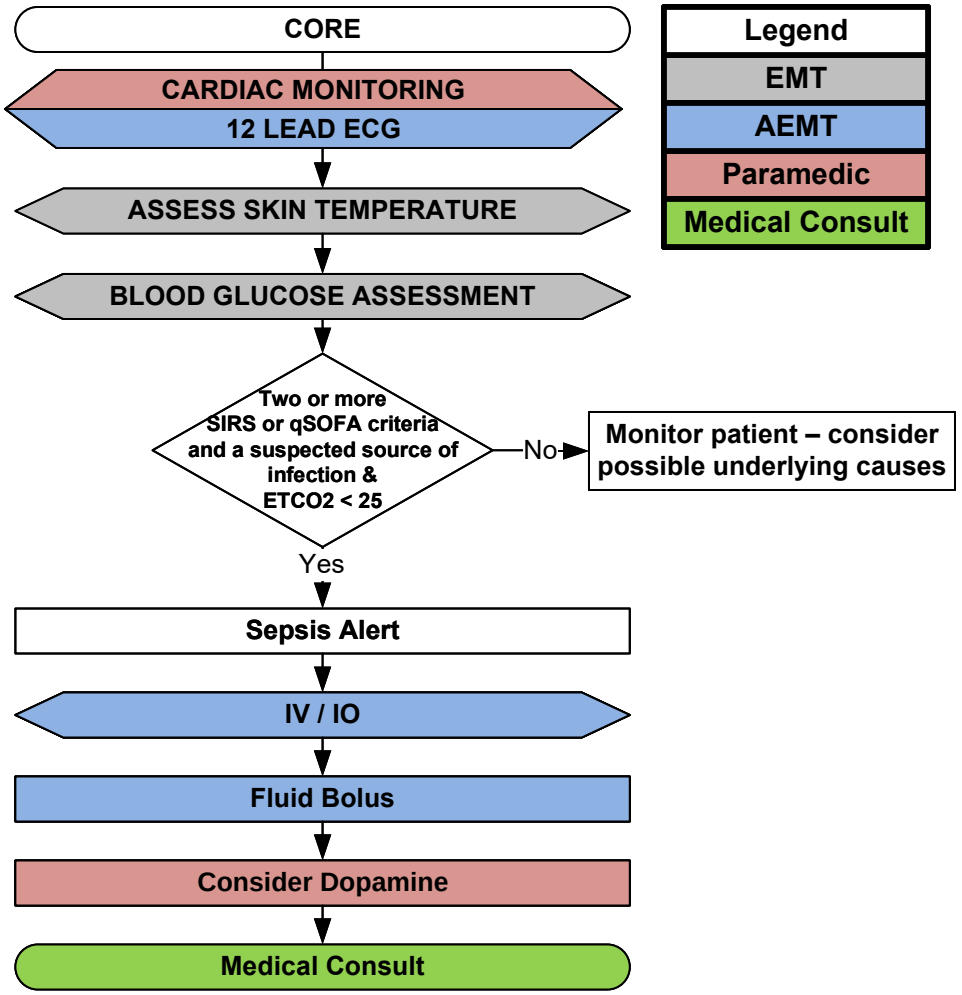
Systemic Inflammatory Response Syndrome (SIRS)
Two or more of the following symptoms

- 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 dopamine administration.
- In cases of suspected right sided heart failure, contact medical control for fluid orders.
- In the event that Dopamine 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.