

SEPSIS STANDING ORDER

Initiate Immediate Supportive Care:

- Oxygen to maintain O2 sat \geq 94%
- Vital signs including FSBG

INCLUSION

1. Suspected or documented infection

AND

2. At least two (2) of the Systemic Inflammatory Response Syndrome (SIRS) Criteria:

- Temperature $>$ 100.4 F (38C) or $<$ 96 F (36C)
- Heart Rate $>$ 90
- Respiratory rate $>$ 20
- EtCO2 $<$ 32
- Change in baseline mental status (moved)
- Glucose $>$ 140 in nondiabetic

AND

3. Hypoperfusion evidenced by the following:

- SBP $<$ 90mmHg
- MAP $<$ 65 mmHg
- EtCO2 $<$ 25
- O2 Saturation $<$ 92%
- Mottled or cold extremities

Pediatric VS indicating poor perfusion

Exam Criteria	0-2 y	\geq 2-10 y	\geq 10-14 y
HR	$>$ 190	$>$ 140	$>$ 100
RR	$>$ 50	$>$ 34	$>$ 30
Pulses	Decreased, weak, or bounding		
Cap refill	Delayed ($>$ 2 sec) or flash ($<$ 1 sec)		
Skin	Mottled, ruddy, petechiae		
Mental status	Decreased, irritability, confusion, inappropriate crying, poor interaction, diminished arousability		

ORDERS

BLS Care:

- Initiate IV access if permitted
- Administer 20 ml/kg IV/IO fluid bolus if permitted
- Reassess hemodynamic and pulmonary status frequently.

ALS Care:

- 2 Large bore IVs preferred, do not delay transport if not successful.
- For shock unresponsive to fluids, consider vasopressors
 - Epinephrine: 0.05 - 0.3 mcg/kg/min IV/IO
 - Norepinephrine 0.05 - 0.5 mcg/kg/min IV/IO (**pump only**)
 - Dopamine 2-20 mcg/kg/minute IV/IO

If SBP remains $<$ 90 mmHg or condition deteriorates contact Medical Direction Authority