

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	8067.sp
	<u>PROGRAM DOCUMENT:</u>  <b>Sepsis / Septic Shock – Applies ONLY to the UCDMC Trial Study for AlphaOne</b>	Initial Date:	04/03/2024
		Last Approved Date:	N/A
		Effective Date:	04/03/2024
		Next Review Date:	TBD

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 EMS Medical Director

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 EMS Administrator

**Purpose:**

- A. To establish treatment standards for patients exhibiting signs and symptoms of Sepsis.
- B. This policy, 8067.sp applies specifically to the UCDMC trial with collaboration between UC Davis Medical Center and AlphaOne. The initiation and termination dates of this policy will be determined by the trial study leadership and will be set in the policy when the trial is scheduled to begin: April 3, 2024 at 0700 thru June 25, 2024, 0659

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Definitions:**

A. **Sepsis:**

Sepsis can be a rapidly progressing, life-threatening condition due to SIRS (systemic infection). Sepsis must be recognized early and treated aggressively to prevent progression to shock and death. The most important pre-hospital interventions for Sepsis/SIRS patients include:

- 1. Recognition of potential Sepsis/SIRS
- 2. Early and aggressive fluid resuscitation
- 3. Pre-arrival "PRESS Sepsis Alert" notification to receiving facility.

B. **Systemic Inflammatory Response Syndrome (SIRS):**

A generalized inflammatory response to a non-specific injury and includes at least 2 of the following criteria;

- 1. Body temperature of > 38 C (100.4 F) or < 36 C (96.8 F).
- 2. Respiratory rate > 20 breaths per minute.
- 3. Heart rate > 90 bpm.

**Indications PREhospital Sepsis (PRESS) Protocol:**

A. Treatment interventions and pre-arrival notification shall occur for patients meeting the following pre-hospital sepsis criteria:

1. ALL three (3) of the following:
  - a. SBP < 110 mmHg
  - b. HR > 90 bpm
  - c. RR > 20 bpm

**AND**

2. Any one (1) of the following criteria:
  - a. SBP < 90 mmHg
  - b. Age ≥ 40
  - c. Temperature of >38 °C (100.4 °F) (Acquired by EMS or if reported by patient, family, or care home).
  - d. O2 sat < 90%
  - e. Nursing home

**Policy:**

- A. Call PRESS SEPSIS ALERT via Med Radio
- B. Place IV and give IVF (LR preferred) per treatment protocol below
- C. Measure temperature
- D. Document 'Sepsis alert' treatment code

**Protocol:**

BLS
<ol style="list-style-type: none"><li>1. Use Supplemental oxygen as necessary to maintain SpO<sub>2</sub> ≥ 94%. Use lowest concentration and flow rate of O<sub>2</sub> as possible.</li><li>2. Perform blood glucose determination</li><li>3. Conduct a pre-arrival "PRESS Sepsis Alert" notification to the receiving facility.</li><li>4. Transport</li></ol>
ALS
<ol style="list-style-type: none"><li>1. <b>Obtain noninvasive end title CO2</b></li><li>2. Cardiac Monitoring</li><li>3. Establish vascular access.</li><li>4. Administer a 500 ml bolus of Normal Saline to <b>ALL</b> patients regardless of Systolic Blood Pressure (SBP).</li><li>5. If SBP remains &lt; 90 mmHG, repeat 500 ml bolus of NS until SBP &gt; 90 mmHG. Total amount of fluid not to exceed 2000 ml. Recheck vital signs and lung sounds after every 500 ml bolus.</li><li>6. Give boluses in rapid succession if SBP remains &lt; 90 mmHG.</li><li>7. Albuterol if wheezing and SOB per PD# 8026 – Respiratory Distress.</li><li>8. If SBP remains &lt; 90 mmHg after four (4) fluid boluses:</li><li>9. <b>Push Dose Epinephrine</b> 0.01 mg/ml (10mcg/ml). DOSE: 0.5-2 ml (5-20mcg) every 2-5 minutes (5-20mcg) IV/IO Titrate to SBP &gt; 90 mmHg NOTE: Monitor SBP while administering/titrating.</li></ol>

**Cross Reference:** PD# 8002 – Diabetic Emergency (Hypoglycemia/Hyperglycemia)  
PD# 8020 – Respiratory Distress: Airway Management  
PD# 8026 – Respiratory Distress  
PD# 8038 – Shock  
PD# 8060 – Stroke