CMG 38 – SEPSIS

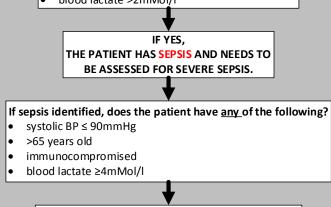
(Reviewed: October 2017)

urine: dysuria, frequency, odour abdomen: pain, diarrhoea, distension neuro: \downarrow mental alertness, neck stiffness, headache cellulitis / septic arthritis / wound infection recent surgery / invasive procedure indwelling medical device immunocompromised history of fever / rigors Does the patient have 2 or more of the following? (adult vital signs - for paediatrics refer to appropriate paediatric reference card) respiratory rate ≤ 10 or ≥ 25 / minute SpO₂ <95% systolic BP ≤ 100mmHg pulse \leq 50 or \geq 120 / minute altered LOC or change in cognitive status

Does the patient have risk factors or signs and symptoms of infection?

chest: cough, SOB, pneumonia

temperature ≤ 35.5°C or ≥ 38.5°C
blood lactate >2mMol/l



IF YES, THE PATIENT HAS SEVERE SEPSIS OR SEPTIC SHOCK

MANAGEMENT		
ICP	Oxygen	ΑΡ
	(aim for SpO₂ ≥95%)	
ICP	Monitor:	ΑΡ
	ECG, SpO ₂ , BGL, lactate	
	Bolus normal saline – 20ml/kg	
ICP	(check for LVF)	ΑΡ
	Repeat as required	
	Aim for systolic BP of 110mmHg	
ICP	If meningococcal sepsis is	AP
	suspected, administer	
	ceftriaxone	
ICP	EARLY HOSPITAL	ΑΡ
	NOTIFICATION	
	PROMPT TRANSPORT	

Fever is a normal and common physiological response, and is often seen in infection. Unless the body temperature is persistently elevated for prolonged periods of time, fever in itself is rarely dangerous. Sepsis is infection plus systemic inflammatory response syndrome.

RISK ASSESSMENT

Not all patients with severe infections are febrile, and not all patients with high fevers have severe infections:

- children will often mount significant febrile response to infection, including simple viral URTI
- elderly or immunocompromised patients will frequently be normo- or hypothermic
- fever in immunocompromised patients may be rapidly fatal unless treatment is commenced urgently
- febrile convulsions may occur in children between 6 months and 6 years of age. Other causes of seizure and fever (e.g. meningitis) must be excluded

PAEDIATRICS

- a child who is bradycardic and/or hypotensive is pre-arrest and requires immediate intervention
- if sepsis is suspected, refer to ACTAS Paediatric Reference Cards for age-appropriate vital signs.
 Observe for signs of peripheral shutdown / compensation (cold extremities, mottled skin) and treat accordingly.

HYPOTENSION IS A LATE SIGN

ACT Ambulance Service Clinical Management Guidelines

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