Approved 9/2/26, Effective 1/15/27, replaces all prior versions

9B – SEPSIS ADULT & PEDIATRIC

TREATMENT PRIORITIES
1. Supportive care
2. IV fluid resuscitation
3. Vasopressor if needed for septic shock refractory to IVF

EMERGENCY MEDICAL DISPATCHER

EMD

ADVISE TO REST IN COMFORTABLE POSITION
ADVISE NO FOOD OR DRINK
ADVISE TO AVOID MOVEMENT UNLESS NECESSARY

EMERGENCY MEDICAL RESPONDER

EMR / EMT

EMT

GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O2 VIA NC OR NRB AS APPROPRIATE

NAUSEA/VOMITING
ADULT/PEDIATRIC: ISOPROPYL ALCOHOL PADS HELD 1 TO 2 CM BELOW THE NARES
(MAX 3 PADS EVERY 15 MINUTES)

EMT-INTERMEDIATE 85

ADVANCED EMT

EMT-I85 / AEMT

IV/IO ACCESS IF INDICATED
ADULT: IV NS 250 mL BOLUS IF NO SIGNS OF PULMONARY EDEMA
ADULT: REPEAT UP TO 1 LITER NS IF NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS 20 mL/kg BOLUS IF NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: MAY REPEAT ONCE UP TO 20 mL/kg IF NO SIGNS OF PULMONARY EDEMA,
OLMC CONSULT IF ADDITIONAL IV FLUID ORDERS NEEDED

PARAMEDIC

PARAMEDIC

ANTIEMETIC (IF ACTIVELY VOMITING)
ADULT: ONDANSETRON 4 mg IVP/ODT. MAY REPEAT ONCE IN 10 MINUTES

PEDIATRIC: ONDANSETRON 0.1 mg/kg IVP TO A MAXIMUM SINGLE DOSE OF 4 mg
IF AGE >2 years, MAY GIVE ONDANSETRON 4 mg ODT

SEPTIC SHOCK UNRESPONSIVE TO IV/IO FLUIDS AS ABOVE?
ADULT: PHARMACOLOGIC TREATMENT IF SYS BP < 100 mmHg:
NOREPINEPHRINE 2-4 mcg/min TITRATE TO SYS ≥ 100 mmHg
OR
DOPAMINE 5-20 mcg/kg/min TITRATE TO SYS BP ≥ 100 mmHg IF NOREPINEPHRINE NOT AVAILABLE
PEDIATRIC: OLMC CONSULT FOR PHARMACOLOGIC TREATMENT

FEBRILE SEIZURE?
IF SOLITARY AND SHORT DURATION (< 5 MINUTES) – OBSERVE
IF PROLONGED/STATUS EPILEPTICUS, TREAT PER PROTOCOL 6D – SEIZURE

MINIMIZE SCENE TIME IF SEPSIS SUSPECTED
IF CLINICAL CONCERN FOR SEPSIS, NOTIFY RECEIVING ED OF POSSIBLE SEPSIS IN RADIO REPORT
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)