Sierra – Sacramento Valley EMS Agency Treatment Protocol	M-6 (LALS)
General Medical Treatment	
Approval: Troy M. Falck, MD – Medical Director	Effective: 06/01/2024
Approval: John Poland – Executive Director	Next Review: 01/2027

- The purpose of this protocol is to provide standing order assessment and treatment modalities for pt complaints not addressed by other S-SV EMS treatment protocols – including nausea/vomiting and suspected sepsis.

BLS

- Assess V/S, including SpO_2 & temperature (if able)
- O_2 at appropriate rate if pt hypoxemic (SpO_2 <94%), short of breath, or has signs of heart failure/shock
- Assess history & physical
- Check blood glucose – if indicated & able

Blood glucose ≤60 mg/dl, or hx & clinical presentation fits hypoglycemia

NO

YES

Oral glucose (BLS) – ONLY if pt is conscious & able to swallow
- Pre-packaged glucose solution/gel or 2-3 tbsp of sugar in water/juice

OR

Dextrose 10% (LALS)
- 10 – 25 g (100 – 250 mL) IV

OR

Glucagon (LALS)
- 1 mg (1 unit) IM/IN

LALS

Consider the following additional assessment/treatment modalities, as appropriate based on pt's condition & clinical presentation

- Cardiac monitor/12-lead EKG **(AEMT II)**
- $EtCO_2$ monitoring **(AEMT II)**
- IV NS (may bolus up to 1000 mL if indicated)

See Page 2 for Suspected Sepsis assessment/treatment details if appropriate

Suspected Sepsis

- Early recognition of sepsis is critical to expedite hospital care and antibiotic administration.
- Aggressive IV fluid therapy is the most important prehospital treatment for sepsis.
- Septic pts are especially susceptible to traumatic lung injury and ARDS. If BVM ventilation is necessary, avoid excessive tidal volumes.
- Attempt to identify the source of infection (skin, respiratory, etc.), previous treatment and related history.
- Consider the possibility of sepsis when a combination of two or more of the following Systemic Inflammatory Response Syndrome (SIRS) criteria are present:
  - Temperature <96.8°F or >100.4°F
  - RR >20bpm
  - HR >90bpm
  - ETCO2 ≤25 mmHg

High-Risk Indicators for Sepsis:

- Hx of pneumonia, UTI, MRSA
- Cancer pts
- Nursing home residents
- Pts with indwelling catheters
- Immune-compromised pts

Shock Index (SI):

- SI is used to assess the severity of hypovolemic shock
- SI = HR/SBP
  - Normal SI range is 0.5 to 0.7
  - HR>SBP (SI>1) may indicate sepsis

LALS

- Assess Temperature
- $EtCO_2$ monitoring **(AEMT II)**
- IV NS 500 mL boluses to a maximum of 2 L if SIRS criteria remain present
  - Reassess vital signs between boluses
  - Discontinue boluses and provide supportive care if signs of pulmonary edema develop

If SBP <90 after 2 L NS:
Push-Dose Epinephrine

- Eject 1 mL NS from a 10 mL flush syringe
- Draw up 1 mL epinephrine 1:10,000 & gently mix
- Administer 1 mL IV push every 1-5 mins for continued SBP <90

- Monitor & reassess
- Provide early notification to the receiving hospital for suspected sepsis pts