

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.



- Assess V/S, including SpO₂ & temperature (if able)
- O₂ at appropriate rate if pt hypoxemic (SpO₂ <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

YES

NO

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

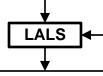
Dextrose 10% (LALS)

• 10 - 25 g (100 - 250 mL) IV

OR

Glucagon (LALS)

• 1 mg (1 unit) IM/IN



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

- Cardiac monitor/12-lead EKG (AEMT II)
- EtCO₂ monitoring (AEMT II)
- IV NS (may bolus up to 1000 mL if indicated)

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

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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



- Assess Temperature
- EtCO₂ 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