



# EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols



Approved 11/9/16, Effective 2/1/17, replaces all prior versions

## 9B – FEVER OR SEPSIS ADULT & PEDIATRIC

**TREATMENT PRIORITIES**  
 1. Supportive care  
 2. IVF if needed for hypotension  
 3. Vasopressor if needed for septic shock refractory to IVF

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

- EMERGENCY MEDICAL DISPATCHER
- EMERGENCY MEDICAL RESPONDER
- EMT
- EMT-INTERMEDIATE 85
- ADVANCED EMT
- PARAMEDIC

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

**EMT-185**      **AEMT**  
 IV/IO ACCESS IF INDICATED  
**ADULT:** IV NS 250 mL BOLUS IF NO SIGNS OF PULMONARY EDEMA  
**ADULT:** REPEAT UP TO 2 LITERS NS IF NO SIGNS OF PULMONARY EDEMA  
**PEDIATRIC:** IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA  
**PEDIATRIC:** OLMC CONSULT IF ADDITIONAL IV FLUID ORDERS NEEDED

**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)