

**Northwest Community EMS System  
August 2018 CE: Sepsis and Septic Shock  
Credit Questions**

Name:	Date submitted:
EMS Agency/hospital:	Credit awarded (date):
EMSC/Educator reviewer:	Returned for revisions:
	Revisions received:

This packet should take 2 hours to complete – which earns you the equivalent of the 2 hour live CE class.  
Source: August CE handout Sepsis and Septic Shock including new draft SOP; video links

**After viewing the first videotape created by Dr. Jordan, [https://www.youtube.com/watch?v=Bfy\\_9aJmChg&t=9s](https://www.youtube.com/watch?v=Bfy_9aJmChg&t=9s) what are the System's directions with respect to each of the following?**

- What is to be done with the Zoll CPR feedback pad when an automated CPR device is applied?
  - Remove the Zoll pad when placing a CPR device
  - Leave the Zoll feedback pad in place throughout resuscitation
- When the Physio Control CPR feedback device (puck and back sensor) is removed and manual CPR is being performed while preparing to apply an automated CPR device, what must be turned on/activated to ensure that compressions are done at the correct rate?
  - ResQPod timer light
  - ECG monitor metronome
- What is the longest acceptable time to pause CPR compressions at any time during resuscitation?
  - 5 seconds
  - 10 seconds
  - 30 seconds
- If your patient is a small adult and the piston compression device shows an error code when attempting to lower the suction cup into place, what action is indicated?
  - Do not use device, do manual CPR
  - Shim or pad the patient to ensure that the chest can be elevated high enough
- How quickly should an ETCO<sub>2</sub> reading be reported?
  - Within 90 seconds of first compression, monitor application or first breath
  - At the two minute mark during the first pause to confirm the rhythm

**The following question relates to the System QI data report on Sepsis:**

- What was our average IV success rate (when attempted) for patients with possible sepsis?
  - 38.7%
  - 59.4%
  - 82.1%
  - 100%

**How do you believe EMS can improve that success rate?**

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- After watching the Rory Stanton video <https://rorystauntonfoundationforsepsis.org/patient-rory-video/>, what are the compelling take home points for you?
 

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8. In looking at the goals of EMS Sepsis management, list the reasons why is it necessary for EMS to spot the signs early and act fast to treat the patient and notify OLMC.

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9. What are the 4 leading causes of infection leading to sepsis in our System?

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10. Give three examples of patients who are immunocompromised:

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11. What is the new definition of sepsis based on the Sepsis-3 report?

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12. Is it necessary to have a major/severe infection to become septic? \_\_\_\_\_

13. What physiologic change in sepsis worsens hypovolemia and causes edema?

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14. What clinical evidence does EMS observe that suggests sluggish blood flow and pooling in vessels, platelet clumping, and formation of microthrombi?

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15. What is the impact of lactic acidosis on oxygen transport in the blood?

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**The following questions refer to the Sepsis Six**

16. What is the first assessment that must be done to start the decision tree for sepsis?

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17. If a patient presented with fever, warm/hot skin, pleuritic chest pain with a productive cough of green sputum, dyspnea, and isolated crackles to the right middle lobe, what should EMS suspect?

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18. What EMS assessment is needed to determine if a patient has metabolic acidosis?

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19. What element of the qSOFA criteria reflects how the heart is doing? And what finding would reflect organ dysfunction?

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20. What element of the qSOFA criteria reflects how the brain is doing? And what finding would reflect organ dysfunction?

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31. If hypotension persists after 500 mL of NS, what intervention is indicated?

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32. How should this drug be dosed and the patient monitored?

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Why must EMS avoid overshooting the BP target?

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33. **Case 1:** What are critical points of information that should alert you to the potential for sepsis in this patient?

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34. What is this patient's diagnosis at the moment of first encounter with EMS?

- A. Infection
- B. Sepsis
- C. Septic shock

Diagnosis: Infection as charted; question if GCS actually 15 based on family hx; likely pneumonia now, but very close to meeting sepsis criteria. Clearly very ill. Calling SEPSIS alert would not be wrong here

35. Does this patient require IV fluid challenges at this moment? \_\_\_\_\_

**Why?**

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36. **Case 2:** What is this patient's diagnosis at the moment?

- A. Infection
- B. Sepsis
- C. Septic shock

37. What care is indicated for this patient?

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38. How can EMS help to prevent the spread of microbes/infection?

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39. What misunderstandings about sepsis and/or septic shock and the care of these patients was clarified for you by this class? What additional questions do you have?

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40. What are your strengths or weaknesses relative to assessing and/or managing patients with sepsis or septic shock? What are your views on the importance of early EMS recognition and management of these patients?

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