



SCANNED TO PHARMACY

STAT MEDICATION

Weight: _____ kg

STAT TESTS:

- T-ABG with Lactate ABG with ionized Ca⁺⁺ Peripheral venous blood gas
 - Liver Panel Lactate Serum Cortisol PT, PTT BMP (CHEM 7)
 - CPK, MB, Troponin CBC-M BNP LDH Magnesium
 - Blood Cultures x 2 Phosphorus EKG
 - Urine C&S Blood Culture x 1 from central line/PICC line (if present)
 - Sputum for Gram Stain, C&S Portable Chest X-Ray Other: _____
- Stat 6 hr Labs (from time of initial Lactate level draw): T-ABG with Lactate, CBC-A, PT, PTT, CHEM 7**

IV FLUIDS:

For INITIAL MANAGEMENT of a MAP less than or equal to 65 mmHg, administer 0.9% NaCl by bolus infusion. For suspected Septic Shock the recommended initial bolus rate is 20-30 mL/kg.

- 500 mL 0.9% NaCl IV Bolus 1 liter 0.9% NaCl IV Bolus 2 liter 0.9% NaCl IV Bolus

NO CENTRAL LINE:

1. Start initial IV 0.9% NaCl rate at 250 mL/hr. May utilize pressors to maintain MAP 65 mmHg or greater. Maintain IV rate until MAP is greater than 65 mmHg when patient off pressors.
2. Bolus with 500 mL 0.9% NaCl IV every 30 min until MAP is greater than 65 mmHg.
3. **If after 2 hours of receiving 0.9% NaCl the MAP remains less than 65 mmHg or the patient remains pressor dependant, obtain a peripheral venous blood gas STAT. If the peripheral venous blood gas O₂ saturation is less than 65%, call physician regarding the insertion of the ScvO₂ central line to continuously measure central venous oxygen saturation and central venous pressure (CVP).**
4. **If after 4 hours of receiving 0.9% NaCl the urine output remains less than 30mL/hr, call physician regarding the need for the ScvO₂ central line (not PICC) for CVP monitoring.**
5. For a MAP 60-65 mmHg, off pressors, decrease IV 0.9% NaCl rate to 150 mL/hr.
6. For a MAP greater than 65 mmHg, off pressors, decrease IV 0.9% NaCl rate to 60 mL/hr.

ScvO₂ CENTRAL LINE INSERTED / CENTRAL LINE INSERTED

Note: If ScvO₂ central line inserted, central venous blood draws for ScvO₂ measurements are not required, except for calibration.

1. Following insertion of central line, obtain a ScvO₂ and monitor continuous CVP measurements.
2. Bolus with 500 mL 0.9% NaCl every 30 min until the CVP is between 8-12 mmHg. Obtain a ScvO₂ via central venous blood draw only if the prior ScvO₂ was less than 70%.
3. If the 2nd ScvO₂ remains less than 70%, set new CVP goal at 13-16 mmHg. Bolus with 500 mL 0.9% NaCl every 30 minutes to reach the new goal.
4. Start initial IV 0.9% NaCl rate at 250 mL/hr until the MAP is greater than 65 or CVP is greater than 12 mmHg. May utilize pressors to maintain MAP/CVP.
5. For a CVP greater than 12 mmHg **OR** a MAP 60-65 mmHg, decrease the IV 0.9% NaCl rate to 150 mL/hr. Obtain a ScvO₂ if previous ScvO₂ less than 70%.
6. For a CVP greater than 15 mmHg **OR** a MAP greater than 65 mmHg, decrease the IV 0.9% NaCl rate to 60 mL/hr.

TRANSFUSION:

For a Hb less than 7.0 gm/dl, T&C for 2 unit PRBC and transfuse 1 unit. Obtain an H/H following transfusion.

Date _____ Time _____ Physician _____



Shock & Severe Sepsis ICU Order Set

Patient Identification



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RESPIRATORY:

- If mechanically ventilated and requires greater than 50% FIO₂ or requires greater than 5 cm H₂O of PEEP to maintain O₂ sat greater than 92%, TKO IV fluids and discontinue IV 0.9% NaCl bolus administration. Notify physician if this condition occurs.**
- If mechanically ventilated, attach a Non-Invasive Cardiac Output (NICO) Monitor to the ventilator, if available. Set up the device to monitor continuous non-invasive cardiac outputs.

MEDICATIONS:

- Dobutamine (1000 mg/250 mL D5W, 4000 mcg/mL) continuous IV infusion if: the CVP is greater than 12 mmHg, HR less than 120, Hb greater than 10 gm/dl and ScvO₂ less than 70%.
 - Start at an initial rate of 2.5 mcg/kg/min.
 - Increase rate by 2.5 mcg/kg/min every 30 minutes until the ScvO₂ is greater than 70% or a maximum rate of 20 mcg/kg/min.
 - Obtain an ScvO₂ prior to each incremental change.
 - Decrease the rate by 2.5 mcg/kg/min every 15 min to keep the MAP greater than 65 mmHg **AND** the HR less than 120 **OR** until the dobutamine has been discontinued.
- Norepinephrine (Levophed) (8 mg/250 mL D5W, 32 mcg/mL) continuous IV infusion if the MAP is less than 60 mmHg. Start at a rate of 2 mcg/min and titrate to keep the MAP greater than 65 mmHg.
- Dopamine (800 mg/250 mL D5W, 3200 mcg/mL) continuous IV infusion if the MAP is less than 60 mmHg. Start at a rate of 5 mcg/kg/min and titrate to keep the MAP greater than 65 mmHg.

NOTE: For HR greater than 120, discontinue dopamine and start norepinephrine.

If the infusion rate of norepinephrine exceeds 10 mcg/min or if dopamine exceeds 15 mcg/kg/min:

- Vasopressin (100 units/250 mL) (0.4 units/mL) continuous IV infusion. Start vasopressin at a rate of 0.01 units/minute IV. Titrate to a maximum rate of 0.04 units/minute to maintain a MAP of greater than 65 mmHg. As tolerated, decrease the rate of norepinephrine or dopamine. Reevaluate use after 48 hours.

NOTE: Vasopressin is not recommended for patients with suspected ischemic bowel, cardiac dysfunction or a Cardiac Index (CI) less than 2.5 L/min/m².

- Calcium Chloride 1 gm IV over 10 minutes x 1 for ionized Ca⁺⁺ less than 1.2 mg/dL. Repeat ABG with ionized Ca⁺⁺ post infusion.
- Sodium Bicarbonate 50 mEq IV push if the pH is less than 7.15. Repeat T-ABG with lactate post infusion. Repeat sodium bicarbonate IV push every 15 min as needed.

Low Dose Steroids: Recommended if the patient remains hypotensive on pressors for more than 6 hours.

- Draw baseline cortisol level and without waiting for results then administer Cosyntropin (ACTH), 250 micrograms IV x 1. Repeat serum cortisol level 1 hour following ACTH administration.
- Hydrocortisone (Solu cortef) 50 mg IV, every 6 hr for 7 days then DC if not already on methylprednisolone (Solumedrol)
- Fludrocortisone 50 mcg PO/NG daily for 7 days, then DC.

Glucose Control:

- Follow hospital specific insulin orders.

Other Medications:

- Xigris: Consider Xigris as per hospital protocol.

Date _____ **Time** _____ **Physician** _____



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