

Allergies: _____

Height: _____

Weight: _____ (kg)

SEPSIS CARE FIRST SIX HOURS

INITIAL ORDERS

- Place patient on cardiac, BP and O2 saturation monitors
- Supplemental O2 to keep saturation greater than or equal to 93% per oxygen administration protocol
- Initiate 1-2 peripheral IV's and obtain lab samples per Sepsis studies (see below)

LAB AND RADIOLOGY STUDIES

INITIAL SEPSIS STUDIES

- ABG (with Lactate if available)
- CBC, CMP, PT/INR, PTT, Blood cultures x 2, UA and culture if indicated
- Lactate- venous or arterial
- Portable CXR: Clinical indication: _____

Additional Studies:

- EKG LDH Cardiac enzymes/CPK/Troponin CT: _____ Clinical Indication: _____
- D-Dimer Pro BNP Type and Screen US: _____ Clinical Indication: _____
- Culture: Sputum Stool Wound Other: _____

SEVERITY DESIGNATION AND TREATMENT

- SEPSIS** (infection plus 2 or more SIRS Criteria)
 - IV 0.9 NS _____ mL/hr; Infuse _____ L then re-evaluate
 - If lactate is greater than 2, but less than 4, (even if not currently hypotensive) **advance to severe sepsis** below*

- SEVERE SEPSIS** (Sepsis plus organ dysfunction or hypoperfusion)
 - IV 0.9 NS 2L bolus (infuse in less than 30 min)
 - OR-
 - IV 0.9 NS _____ L bolus (infuse in less than 30 min)
 - If lactate is greater than 4, or if hypotension persists after fluid resuscitation, **advance to septic shock** below*

- SEPTIC SHOCK (If lactate is greater than 4.0 or if hypotension persists after fluid resuscitation)**
 - IV 0.9 NS 2L bolus (infuse in less than 30 min)
- MD to insert central line for CVP/ScvO2 monitoring
 - Monitor CVP (goal: maintain 8-12 mmHg non-intubated or maintain 12-15 mmHg if intubated)
 - Draw Venous Blood Gas from Central Line or continuously monitor ScvO2 if sepsis catheter in place (goal: greater than 70%)
- Continue IV NS 1L bolus every 30 min x 3 to achieve CVP goals; if no CVP line or goal not reached notify Physician after 3rd bolus

ADDITIONAL ORDERS

- Insert indwelling urinary catheter with urometer and monitor urine output hourly for severe sepsis and septic shock with goal of urine output greater than or equal to 0.5 ml/kg/hr

Date: _____ Time: _____ Physician Signature: _____



- SAFH SAH SDH SMCS SRMC SSMC

Sepsis Orders

Patient Identification

ZZ21922 (1/31/11)

ANTIBIOTIC THERAPY

SEVERE Sepsis, Pneumonia, UTI <i>(With Pseudomonas Risk/MRSA)</i>	<input type="checkbox"/>	Levofloxacin 750 mg IV now then per pharmacy dosing - AND - Imipenem/Cilastatin (Primaxin) 500 mg IV now then per pharmacy dosing - AND - Vancomycin 20 mg/kg (up to 2 gm) IV now then per pharmacy dosing
	OR	
	<input type="checkbox"/>	Levofloxacin 750 mg IV now then per pharmacy dosing - AND - Cefepime 2 gm IV now then per pharmacy dosing - AND - Vancomycin 20 mg/kg (up to 2 gm) IV now then per pharmacy dosing
	<input type="checkbox"/>	Substitute Linezolid 600 mg IV Q 12 h for vancomycin in above regimen
Sepsis, Pneumonia <i>(Without Pseudomonas/MRSA Risks)</i>	<input type="checkbox"/>	Ceftriaxone 1 gm IV Q 24 h - AND - Azithromycin 500 mg IV Q 24 h
UTI	<input type="checkbox"/>	Ceftriaxone 1 gm IV Q 24 h
	OR	
	<input type="checkbox"/>	Levofloxacin 750 mg IV now then per pharmacy dosing
Abdominal Source	<input type="checkbox"/>	Piperacillin/Tazobactam (Zosyn) 4.5 gm IV now then per pharmacy dosing
	OR	
	<input type="checkbox"/>	Imipenem/Cilastatin (Primaxin) 500 mg IV now then per pharmacy dosing
Oral or Soft Tissue Source	<input type="checkbox"/>	Vancomycin 20 mg/kg (up to 2 gm) IV now then per pharmacy dosing - AND - Piperacillin/Tazobactam (Zosyn) 4.5 gm IV now then per pharmacy dosing
Central Nervous System	<input type="checkbox"/>	Ceftriaxone 2 gm IV Q 12 h - AND - Vancomycin 20 mg/kg (up to 2 gm) IV now then per pharmacy dosing - AND - For age above 50 Ampicillin 2 gm IV now then per pharmacy dosing
For Beta-lactam allergy	<input type="checkbox"/>	Aztreonam 2 gm IV now then per pharmacy dosing - AND - Levofloxacin 750 mg IV now then per pharmacy dosing
	<input type="checkbox"/>	Add Vancomycin 20 mg/kg (up to 2 gm) IV now then per pharmacy dosing to above regimen
	<input type="checkbox"/>	Add Linezolid 600 mg IV Q 12 h to above regimen
	<input type="checkbox"/>	Add Flagyl 500 mg IV Q 8 hours for abdominal or soft tissue source

VASOPRESSOR AND INOTROPE THERAPY

- Norepinephrine IV**
 - Start at 2 mcg/min for MAP less than 65 mmHg to a goal of MAP 65-70 mmHg.
 - If MAP sustained greater than 70 mmHg, titrate drug off. Notify physician for dose greater than 10 mcg/min.
- DOPAMine IV**
 - Start at 5 mcg/kg/min if MAP less than 55 mmHg to a goal MAP 65-70 mmHg.
 - If MAP sustained greater than 70, titrate off drug. Notify MD for dose greater than or equal to 15 mcg/kg/min.
- Vasopressin IV**
 - After 6 liters fluids add Vasopressin 0.03 units/ min if NORepinephrine dose greater than or equal to 5 mcg/min or DOPAMine dose greater than or equal to 7.5 mcg/kg/min. (do not titrate vasopressin)
 - If Map greater than 70 mmHg **and** off NORepinephrine and/or DOPAMine- wean Vasopressin off.
- DOBUTamine IV**
 - Start at 2 mcg/kg/min and titrate to a goal ScVO₂ greater than 70%, Max Dose: 20 mcg/kg/min or Max HR: 120.

Date: _____ **Time:** _____ **Physician Signature:** _____



SAFH SAH SDH SMCS SRMC SSMC

Sepsis Orders

Patient Identification

ONGOING SEPSIS ORDERS

- Diagnosis: **Simple Sepsis**, Source: _____
Admit to inpatient status: Telemetry Medical Medical/Surgical
 Continue antibiotic therapy per first six hour order set
See separate orders – Do NOT continue orders below.
- Diagnosis: **Severe Sepsis/Septic Shock**, Source: _____
Admit to inpatient status: ICU
Continue Severe Sepsis Orders below.

Date: _____ **Time:** _____ **Physician Signature:** _____

Severe Sepsis Orders:

- Continue First Six Hours orders, including antibiotic therapy and vasopressor/inotrope therapy.
- VS including CVP hourly or per unit protocol.
- Monitor and record urine output hourly.

Labs and Tests:

Every 6 hours X 24 hours

- CBC, CMP, PT, PTT, Lactate
- Venous blood gas from central line (ScvO2) now and every 6 H and PRN if no continuous readout available

Additional Labs and tests

- ABG PRN
- Spot urine for sodium and creatinine
- CK/ MB/ Troponin I Q 6 hours x 3 if initial values elevated
- Pro BNP

- Notify physician or eICU upon arrival to ICU and upon receipt of 6 hour and 12 hour lab results and include the following: Hemodynamic values, vasopressor use, fluid volume status, ventilator status, abnormal labs.**
- Central line insertion:** Prepare for central line insertion if not already inserted.

Fluid Orders:

- Continuous Maintenance Fluid:**

0.9 Normal Saline continuously, titrate for CVP:
250 mL/hr for CVP less than 12
150 mL/hr for CVP 12-15
60 mL/hr for CVP 16-20
TKO for CVP greater than 20

- PLUS-** **Bolus Fluid:**

0.9 Normal Saline 1 liter every 20-30 minutes until:
CVP greater than 8 for non vented patient
CVP greater than 12 for vented patient
-OR-
10 Liters has been administered

Call MD for further orders if 10 liters of bolus fluid has been administered without correction of CVP.

Medications:

- Hydrocortisone:** Start 50 mg IV every 6 hr. Discontinue Hydrocortisone after 48 hrs.
Consider **Drotrecogin Alfa (activated) (Xigris)** for patients with an APACHE II score more than 25 **or** multi-organ failure.
- Screen for **Drotrecogin Alfa (activated) (Xigris)** per institutional protocol

Protocols:

- Glucose Management: See glucose management/insulin orders
- Sedation-Analgesia per hospital protocol
- Initiate mechanical ventilation protocol for intubated patients

Other:

Date: _____ **Time:** _____ **Physician Signature:** _____



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Sepsis Orders

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