Monitoring

- Titrated supplemental oxygen to keep saturations greater than or equal to 90%
- Insert central venous line per standard protocol
- Obtain blood pressure times 2 within 1 hour after bolus completion
- Notify physician and prepare for central line placement if:
  - SBP remains less than 90 after 30 mL / kg fluid bolus
  - Mean Arterial Pressure (MAP) less than 65 after 30 mL / kg fluid bolus
  - Lactic Acid is greater than 4 mmol / L
- Notify physician when 30 mL / kg bolus is complete for tissue reperfusion examination (sepsis exam)

Diet

- n.p.o.
- Diet: _________________

Lab / Diagnostics

- Lactic Acid STAT (if not done in the last 6 hours)
- Lactic Acid to reflex at 3 hours if greater than 2 mmol / L
- STAT blood culture times 2 (obtain 1st set prior to ATB administration but DO NOT delay administration) If not done in the last 48 hours

Fluid Resuscitation

- Bolus (if not already done in ED): If SBP less than 90:
  - OR Mean Arterial Pressure (MAP) less than 65:
  - Lactic Acid greater than or equal to 4 mmol / L:
  - Administer 30 mL / kg of 0.9% NaCl IV bolus at 999 mL / hr
- Maintenance Fluids: Initiate 0.9% NaCl IV at _______ mL / hr

Antibiotics - First Dose STAT unless already given the ED

Unknown OR Urinary / Intraabdominal Source:

- Piperacillin / Tazobactam (Zosyn) 4.5 grams IVPB STAT and every 6 hours
- For PCN allergy: Imipenem / Cilastatin (Primaxin) 500 mg IVPB STAT and every 6 hours

Respiratory (Streptococcus Pneumoniae suspected):

- Ceftriaxone (Rocephin) 2 grams IVPB STAT and every 12 hours (admin 1st)
  - AND Azithromycin (Zithromax) 500 mg IVPB STAT and daily

Neutropenic patients and/or Pseudomonas Aeruginosa suspected:

- Piperacillin / Tazobactam (Zosyn) 4.5 grams IVPB STAT and every 6 hours (admin 1st)
  - For PCN allergy: substitute Imipenem / Cilastatin (Primaxin) 500 mg IVPB STAT and every 6 hours (admin 1st)
  - AND Ciprofloxacin (Cipro) 400 mg IVPB STAT and every 12 hours

If MRSA suspected, ADD THE FOLLOWING TO ANY OF THE ABOVE REGIMENS:

- Vancomycin 20 mg / kg _______ STAT, then pharmacy to dose per pharmacokinetics (cannot be given as monotherapy)