Date / Time	Physician Orders	Date / Time	Medication Orders Only
	☐ = Physicians check all that apply ● = Standard order		☐ = Physicians check all that apply ● = Standard order

Monitoring

- ● Titrate supplemental oxygen to keep saturations greater than or equal to 90%
- ● Place 2 large bore IVs (minimum 18 gauge and not to include triple lumen CVC)
- ● Begin fluid resuscitation
- ● Foley catheter if needed
- ● Vital signs per ED policy
- ● Obtain blood pressure times 2 within 1 hour after bolus completion
- ● Notify physician when 30 mL / kg bolus is complete for tissue reperfusion examination (sepsis exam)

Diet

- ☐ *n.p.o.*

Activity

- ● HOB elevated at least 30 degrees

Lab / Diagnostics

- ☐ Bilirubin, total
- ☐ STAT CBC with diff
- ☐ STAT Basic metabolic panel (BMP)
- ☐ STAT Liver Hepatic Panel (LIV)
- ☐ STAT Lactic acid
- ☐ STAT Venous blood gas
- ☐ STAT Blood culture times 2 (obtain prior to ATB administration but do not delay ATB administration)
- ☐ STAT Wound culture if appropriate
- ☐ STAT C. Diff Toxin A & B, if diarrhea
- ☐ STAT SaO2 (O2 to keep SaO2 greater than 92%)
- ☐ STAT PT / INR, aPPT
- ☐ STAT Urinalysis and culture
- ● STAT Portable CXR
- ● Lactic Acid to reflex at 3 hours if initial result greater than 2 mmol / L
- ☐ Activate Sepsis Alert upon positive screening

Fluid Resuscitation

- ● IV Bolus: If SBP less than 90:
  OR
  Mean Arterial Pressure (MAP) less than 65:
  OR
  Lactic Acid greater than or equal to 4 mmol / L:
  Administer 30 mL / kg of 0.9% NaCl IV bolus over ____ mins *(full administration cannot exceed 180 minutes after identification of septic shock).*
- ● If SBP remains less than 90:
  OR
  Mean Arterial Pressure (MAP) less than 65 after first bolus completed:
  - ● Notify physician and prepare for central line placement.
- ● Maintenance Fluids: Initiate 0.9% NaCl IV at _____ mL / hr STAT
- ● After initial 30 mL / kg fluid bolus, if SBP remains less than 90 (or MAP less than 65), initiate vasopressor as ordered below.

Vasopressors: *(if patient fails to respond to fluid resuscitation as above)*

- ☐ Norepinephrine (Levophed) IV 2 mcg / minute. Titrate between 2 and 20 mcg / minute (use lowest dose needed) to maintain SBP greater than 90 and MAP greater than 65.
- ☐ If Norepinephrine (Levophed) unable to maintain SBP greater than 90 and MAP greater than 65 at maximum dose, start EPINEPHrine 2-10 mcg / minute (use lowest dose needed) continuous infusion and titrate to maintain SBP greater than 90 and MAP greater than 65.
- ☐ Vasopressin 0.03 units / minute IV continuous infusion can be added if additional vasopressors required. When discontinued, taper off slowly by 0.01 units / minute every 30 minutes

Additional Medications:

- ☐ Hydrocortisone 200 mg per 24 hours continuous IV infusion only if intravenous fluids and vasopressors unable to restore hemodynamic stability. Taper slowly over 2 - 3 days after vasopressors D/C'd.
- ☐ DOBUTamine up to 20 mcg / kg / minute to be administered or added to vasopressor in the presence of myocardial dysfunction or ongoing hypo-perfusion despite adequate intravascular volume and MAP greater than 65.

Antibiotics - Administer STAT (within 1 hour of recognition)

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 pharmacokenetics *(cannot be given as monotherapy)*

Physician signature:X_____ Date:_____ Time:_____

Please place patient label here

Licking Memorial Hospital

Physician Orders
Code Sepsis - ED

1100-0245
2/29/2016