

✓	DATE	TIME	← DATE AND TIME MUST BE ENTERED	ADULT SEVERE SEPSIS ORDER SET	ROOM NO.
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ALLERGIES

INITIAL PHASE: ASSESSMENT AND IDENTIFICATION (start upon presentation)

Goals:

- Identify patient – see “SEVERE SEPSIS / SEPTIC SHOCK REFERENCE AND AUDIT TOOL”
- Obtain labs / cultures / tests
- Initiate early broad spectrum antibiotics within 4 hours of presentation (after cultures are obtained)

If SBP less than 90 mmHg

- Give **NS 500 mL IV bolus over 30 minutes, REPEAT** until SBP greater than 90 mmHg or 2 liters have been infused
 or _____ (other IV fluid)

LABS / MICROBIOLOGY (If not already done):

- Blood cultures X 2 or _____ (one drawn percutaneously and one from each vascular access device in place for more than 48 hours)
 Urine analysis with culture and sensitivity
 CBC with differential
 BMP
 LACTIC ACID LEVEL

OTHER LABS / TESTS / Procedures:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Portable Chest X-ray, r/o infiltrate | <input type="checkbox"/> LFTs | <input type="checkbox"/> Respiratory Culture |
| <input type="checkbox"/> Blood type and screen | <input type="checkbox"/> PT, aPTT | <input type="checkbox"/> Send stool for C. Difficile toxin X 3 |
| <input type="checkbox"/> ABG | <input type="checkbox"/> DIC panel | <input type="checkbox"/> Wound culture _____ |
| <input type="checkbox"/> EKG r/o ischemia | <input type="checkbox"/> Other _____ | <input type="checkbox"/> CT scan _____ |
| <input type="checkbox"/> Troponin X Q 6 hours X 3 | <input type="checkbox"/> Other _____ | <input type="checkbox"/> to rule out _____ |

VITAL SIGNS:

- Q 15 minutes X 4 then, Q 30 minutes X 2 then, Per unit protocol

ANTIBIOTICS (See suggested regimens chart on the back of the “SEVERE SEPSIS / SEPTIC SHOCK REFERENCE AND AUDIT TOOL”.)

- Administer **AFTER** blood and / or urine cultures are obtained. **NOTE: ABX should be administered within 4 hours of presentation**

<input type="checkbox"/> Zosyn 4.5 Gm IVPB X 1 then per pharmacy <input type="checkbox"/> Zosyn 3.375 Gm IVPB X 1 then per pharmacy <input type="checkbox"/> Cefepime 2 Gm IVPB X 1 then per pharmacy <input type="checkbox"/> Ceftriaxone 1 Gm IVPB Q 24 hours <input type="checkbox"/> Meropenem 1Gm IVPB X 1 then per pharmacy	<input type="checkbox"/> Vancomycin 1 Gm IVPB X 1 then per pharmacy <input type="checkbox"/> Levofloxacin 750 mg IVPB X 1 then per pharmacy <input type="checkbox"/> Levofloxacin 500 mg IVPB X 1 then per pharmacy <input type="checkbox"/> Ciprofloxacin 400 mg IVPB X 1 then per pharmacy	<input type="checkbox"/> Aztreonam 2 Gm IVPB X 1 then per pharmacy <input type="checkbox"/> Metronidazole 500 mg IVPB Q 8 hours <input type="checkbox"/> Azithromycin 500 mg IVPB Q 24 hours <input type="checkbox"/> Tobramycin 7 mg/kg=____mg IVPB X 1 then per pharmacy <input type="checkbox"/> Tobramycin 5 mg/kg=____mg IVPB X 1 then per pharmacy
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Additional antibiotics: (include drug, dose, route, schedule)

- _____

RESPIRATORY:

O₂ to maintain O₂ saturations over 92%

DISPOSITION:

If SEPSIS and STABLE (Defined as adequate response to fluid therapy, SBP greater than 90, HR less than 90, RR less than 30, serum lactate LESS than 4mm/L) admit to:

- Medical Floor
 Telemetry

If SEVERE SEPSIS / SEPTIC SHOCK or UNSTABLE (Defined as SBP less than 90, RR greater than 30, vasopressor therapy, serum lactate GREATER than 4mm/L), then:

- Initiate Early Goal Directed Therapy
 ADMIT TO CRITICAL CARE

12-hour Chart Check _____ **RN** **DATE:** ____ / ____ / ____ **TIME:** _____

T.O. _____ **Taken by:** _____ **Title:** _____

TRANSCRIBED BY: _____ / ____ / ____, **TIME:** _____ **NOTED BY:** _____ / ____ / ____, **TIME:** _____

PHYSICIAN SIGNATURE: _____ **DATE:** _____ **TIME:** _____

PRINTED NAME/ID#: _____ (COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)



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ALLERGIES

Second Phase: EARLY GOAL DIRECTED THERAPY (EGDT) from diagnosis to 6 hours

Initiate the following for EGDT:

- ADMIT TO CRITICAL CARE (MD to consider critical care consult)
- DIAGNOSIS: SEVERE SEPSIS / SEPTIC SHOCK
- Obtain Universal Consent for Central Line Placement, Consent for Intubation, and Consent for Blood Products
- Supplemental O₂ or mechanical intubation to maintain O₂ saturation more than 92%
- Continue early broad spectrum antibiotics (as ordered in initiation phase)

VITAL SIGNS:

- Q 15 minutes X 4 then per unit protocol and Strict I/Os

LABS / TESTS (in addition to already ordered labs / tests)

- Echocardiogram EKG r/o ischemia
- Troponin Q 8 hours X 3 Random Cortisol level

ACTH STIMULATION TEST ORDERS

- Obtain a random cortisol level (baseline)
- Administer Cosyntropin 250 mCg IV Push X 1dose
- Draw cortisol level at 30 and 60 minutes after administration of Cosyntropinjection

GOALS

- CVP 8-12 MAP 65-100 ScvO₂ / MvO₂ greater than 70% UO greater than 0.5 mL/Kg/hour

STEP #1 - Check a CVP

If.....	Then.....
CVP is less than 4	<input checked="" type="checkbox"/> Give Albumin 25% 100 mL IV over 20 minutes Q 2 hours X 2 doses in addition to boluses below
CVP is less than 8	<input checked="" type="checkbox"/> Give NS 500 mL IV bolus over 30 minutes X 1 dose, repeat CVP after bolus is complete, may repeat NS 500 mL IV bolus over 30 minutes until CVP is greater than 8.
CVP is 8-14	<input checked="" type="checkbox"/> Start NS @ 150 mL/hour and then go to STEP 2
CVP is greater than 15	<input type="checkbox"/> Start Nitroglycerin IV drip @ 5 mCg/min and titrate per drip titration guidelines until CVP is less than 12 or SBP less than 140

STEP #2 - Check a MAP

If.....	Then.....
MAP less than 65 and HR less than 120	<input checked="" type="checkbox"/> Start Norepinephrine IV drip @ 4 mCg/minute and titrate per drip titration guidelines to keep MAP greater than 65
MAP less than 65 despite being on Norepinephrine dose higher than 20 mCg/minute	<input type="checkbox"/> Start Vasopressin IV drip @ 0.04 units/minute to augment Norepinephrine. DO NOT TITRATE. <input type="checkbox"/> Start other vasoactive drip = _____
MAP 65-100	<input checked="" type="checkbox"/> Go to STEP 3
MAP greater than 100	<input type="checkbox"/> Start Nitroglycerin IV drip @ 5 mCg/minute and titrate per drip titration guidelines to keep MAP less than 90

STEP #3 - Check ScvO₂ or MvO₂ (To be drawn from distal port of central line and processed as a VBG)

If.....	Then.....
<input type="checkbox"/> If ScvO ₂ or MvO ₂ less than 70% and Hgb 9-9.9	Transfuse 1 unit pRBC
<input type="checkbox"/> If ScvO ₂ or MvO ₂ less than 70% and Hgb 8-8.9	Transfuse 2 units pRBCs
<input type="checkbox"/> If ScvO ₂ or MvO ₂ less than 70% and Hgb less than 8	Transfuse 3 units pRBCs

- Other orders: _____
- Repeat CBC after transfusion(s) completed
- Acetaminophen 650 mg Po X 1 dose prior to transfusion(s) (may give Acetaminophen 650 mg PR X 1 if unable to take Po)
- Diphenhydramine 25 mg IV Push X 1 dose prior to transfusion(s)

If.....	Then.....
ScvO ₂ or MvO ₂ less than 70% after transfusions completed	<input type="checkbox"/> Start Dobutamine Drip @ 2 mCg/kg/minute and titrate per drip titration guidelines until MvO ₂ greater than 70%

- Re-check ScvO₂ or MvO₂ every 2 hours until ScvO₂ or MvO₂ greater than 70%

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ALLERGIES

CONTINUING THERAPY PHASE

AM LABS:

CBC, BMP, Lactic Acid, Magnesium, Phosphorus

GLUCOSE CONTROL:

Refer to "Subcutaneous Insulin Orders" or "Critical Care Insulin Drip Orders"

VTE PROPHYLAXIS:

Refer to "VTE Risk Assessment & Prophylaxis Orders"

IF PATIENT ON MECHANICAL VENTILATION:

Refer to "Ventilators / Respiratory Therapy" and "Sedation Orders for Intubated Patients" Orders

DIET:

_____ (specify DIET)

Nutrition Consult

GI PROPHYLAXIS:

Famotidine 20 mg IV Push Q 12 hours. Change to Famotidine 20 mg Po Q 12 hours when taking Po diet.
(Pharmacy to reduce dose to 20 mg IV Push daily for creatinine clearance less than 50 mL/minutes).

or

STEROIDS:

(Consider in those not responding to fluids and pressors or relative adrenal insufficiency with random cortisol level less than 20 mCg/dL or if ACTH stimulation test shows cortisol increase less than 9)

- Hydrocortisone 50 mg IV Push Q 6 hours
- Fludrocortisone 50 mCg Po daily

PRN MEDICATIONS:

- Acetaminophen 650 mg Po Q 6 hours Prn mild pain (1-3 pain scale) or Temp greater than 101°F (Give Acetaminophen 650 mg PR Q 6 hours if unable to take Po). Total acetaminophen not to exceed 4,000 mg / 24 hours.
- Ondansetron 4 mg IV Push Q 12 hours Prn nausea / vomiting, if not effective after 30 minutes, may give Prochlorperazine 10 mg IV Push Q 6 Hours Prn nausea / vomiting
- Docusate Sodium 100 mg Po BID (Hold for loose stools / diarrhea)
- Bisacodyl 10 mg suppository PR daily Prn constipation

OTHER ORDERS:

Wound Care / Ostomy Nurse Evaluation

MD may also consider potential Xigris administration, see worksheet on the back of the "SEVERE SEPSIS / SEPTIC SHOCK REFERENCE AND AUDIT TOOL".

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PATIENT ID