SEPSIS ADULT SS
Adult Sepsis Short Set

NURSING
REMINDER: For patients with sepsis who are hospitalized and confined to bed, VTE prophylaxis should be used; the options include an LMWH, LDUH, or a blood clotting factor ten a (Xa) inhibitor; for patients with a contraindication to anticoagulant therapy, use mechanical prophylaxis with leg compression device or graduated elastic stockings Evidence
REMINDER: Patients with severe sepsis or sepsis-induced hypotension during the first 6 Hrs of resuscitation should receive early goal-directed therapy Evidence

☑ Vital signs other than routine: Q 15 minutes x 4, Q 30 minutes x 2
☑ Insert 2 large bore IV's
☑ Notify MD of abnormal vital signs:
- •Systolic Blood Pressure < 90 or > 180
- •Heart Rate < 60 or > 100
- •And latest vital sign after each IV bolus

☐ Blood glucose monitoring (BGM) - AC and HS. Recommended schedule: 0745, 1100, 1700, 2100
Evidence

RESPIRATORY Evidence
☑ Apply oxygen (O2) with defined parameters: to maintain SAT ≥ 92%

IV FLUIDS
Fluid Resuscitation Initial Bolus
☐ Sodium Chloride 0.9%, 500 mL IV over 30 mins Prn SBP < 100 mmHg, REPEAT until SBP > 100 or until 2 liters infused (i.e. DO NOT exceed 4 doses total). Hold if SBP > 100 mmHg. If bolus IV fluids stopped continue with maintenance IVF.

Fluid Resuscitation Initial Bolus Colloids Evidence
☐ Albumin, 5%, 250 mL IVPB over 30 mins x 1 dose.

Maintenance IV fluids
☑ Sodium Chloride 0.9% IV at 150 mL/Hr after boluses have been given. Evidence

MEDICATIONS
Antibiotic medications Evidence
☐ AZIthromycin (Zithromax) 500 mg IVPB x 1 STAT, after cultures, within 1 Hr of Presentation then Q 24 Hrs.
☐ Cefepime (Maxipime) 2 Gm IVPB x 1 STAT, after cultures, within 1 Hr of presentation then Q 8 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: Sepsis
☐ CefTRIAXone (Rocephin) 1 Gm IVPB Q 24 Hrs. 1st dose STAT, after cultures, within 1 Hr of presentation. Indication: Sepsis
☐ Ciprofloxacin (Cipro) 400 mg IVPB x 1 STAT, after cultures, within 1 Hr of presentation then Q 8 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: Sepsis
☐ Meropenem (Merrem) 1 Gm IVPB x 1 STAT, after cultures, within 1 Hr of presentation then Q 8 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: Sepsis
☐ MetroNIDAZOLE (Flagyl) 500 mg IVPB IVPB x 1 STAT, after cultures, within 1 Hr of Presentation then Q 8 Hrs.
☐ Levofloxacin (Levaquin) 500 mg IVPB x 1 STAT, after cultures, within 1 Hr of presentation then Q 24 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: Sepsis
☐ Levofloxacin (Levaquin) 750 mg IVPB x 1 STAT, after cultures, within 1 Hr of presentation then Q 24 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: Sepsis
☐ Piperacillin-tazobactam (Zosyn) 3.375 Gm IVPB x 1 STAT, after cultures, within 1 Hr of

presentation then Q 6 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: Sepsis
☐ Piperacillin-tazobactam (Zosyn) 4.5 Gm IVPB x 1 STAT, after cultures, within 1 Hr of presentation then Q 6 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: Sepsis
☐ Tobramycin IV (Nebcin) Per Pharmacy protocol. Indication: Sepsis. Give 1st dose STAT after cultures, within 1 Hr of presentation.
☐ Vancomycin IV (Vancocin) per Pharmacy protocol to achieve target trough levels of 15 – 20 mg/L. Give 1st dose STAT after cultures, within 1 Hr of presentation. Indication: Sepsis

Antibiotic medications: Aztreonam
RESTRICTION CRITERIA: Aztreonam (Azactam)
1) Pts with a DOCUMENTED IgE mediated Beta Lactam Allergy (bronchospasm, angioedema, severe rash)
☐ Aztreonam (Azactam) 2 Gm IVPB x 1 STAT, after cultures, within 1 Hr of presentation then Q 8 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: Sepsis

Antibiotic medications: DAPTOmycin
RESTRICTION CRITERIA: DAPTOmycin (Cubicin)
1) *Management of patients with suspected or confirmed vancomycin-resistant Enterococcus species infections*
2) *Management of patients intolerant to vancomycin or with infections that are refractory to vancomycin therapy*
3) *Empiric therapy for suspected MRSA bacteremia in patients with Hx of infection caused by MRSA with high vanco MIC (Etest >1 mCg/mL)*
4) *Directed therapy (culture positive) for bacteremia caused by MRSA with high vanco MIC (Etest >1 mCg/mL)*
5) *Management of osteomyelitis*
6) *Patients with risks of ototoxicity (Vancomycin therapy > 14 days **OR** hearing test indicates baseline hearing loss **OR** use of hearing aid device **OR** Ataxia)*

☐ DAPTOmycin (Cubicin) 6 mg/Kg IVPB x 1 STAT after cultures, within 1 Hr of presentation then Q 24 Hrs. Pharmacy to adjust per renal dosing protocol. Indication: Sepsis

Cardiac medications: Vasoactive Agents Evidence
☐ Norepinephrine (Levophed) 4 mg/250 mL D5W continuous IV infusion, start at 4 mCg/min and titrate by 2-4 mCg/min Q 5 -15 mins up to a max of 30 mCg/min to maintain MAP > 60 or SBP > 90. Titrate down by 1-4 mCg/min Q 15 mins. Must be discontinued upon patient transfer out of Critical Care/Critical Care equivalent units.
☐ DOPamine (Intropin) 400 mg/250mL D5W continuous IV infusion, start at 5 mCg/Kg/min and titrate initially by 5 mCg/Kg/min Q 5 -15 mins and then by 1-3 mCg/Kg/min Q 5 -15 mins up to a max of 20 mCg/Kg/min to maintain MAP > 60 or SBP > 90. Titrate down by 1-2 mCg/Kg/min Q 15 mins. Must be discontinued upon patient transfer out of Critical Care/Critical Care equivalent units.

Other medications:_____

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

BLOOD BANK
☐ Type & Screen - STAT

LABORATORY – Cardiac Markers
☐ Troponin-I - STAT Evidence
☐ Troponin-I Q 6 Hrs x 3

LABORATORY - Hematology
☑ Complete Blood Count (CBC) - STAT

LABORATORY – Chemistry
REMINDER: Procalcitonin can be used for patients with suspected gram negative sepsis to rule out other etiology of similar symptoms
☑ Basic Metabolic Panel (BMP) - STAT
☐ Cortisol, random - STAT
☐ Hepatic Function Panel (LFT) - STAT
☐ Lactic Acid - STAT Evidence
☐ Lipase - STAT
☐ Procalcitonin - STAT

LABORATORY – Blood Gas
☑ Arterial Blood Gas (ABG) with lacate and electrolytes - STAT
☐ Venous Blood Gas (VBG) with lactate - STAT Evidence

LABORATORY - Coagulation
☐ Prothrombin Time (PT/INR) - STAT
☐ Partial thromboplastin time (aPTT) - STAT
☐ Disseminated Intravascular Coagulation (DIC) Profile - STAT

LABORATORY – Urine
☑ Urinalysis reflex to culture (UATC)
☐ HCG Pregnancy Urine

MICROBIOLOGY
REMINDER - Blood cultures should be obtained before administering antimicrobial therapy Evidence
☑ Culture, Blood x 2 (1 set drawn peripheral and 1 from each vascular access device) - STAT
☐ Culture, Respiratory - STAT
☐ Culture, Wound Evidence – STAT
☐ Stool for C. difficile toxin
☐ Urine Culture

DIAGNOSTIC - Cardiology
☑ Electrocardiogram (12-lead EKG); Reason for exam: _____
☐ Echocardiogram; Reason for exam: _____

DIAGNOSTICS - Radiology
☑ Chest X-Ray (CXR) 1View Portable - STAT; Reason for exam:_____
Evidence

DIAGNOSTIC - CT
☐ CT brain without contrast; Reason for exam:_____
☐ CT abdomen/pelvis without contrast Reason for exam:_____ Evidence
☐ CT abdomen/pelvis with IV contrast Reason for exam:_____ Evidence
☐ CT chest without contrast Reason for exam:_____
☐ CT chest with IV contrast Reason for exam:_Pulmonary Embolism_(PE protocol)__

REMINDERS

- **Goals:**
  - Identify patient – see **"ADULT SEVERE SEPSIS SHOCK REFERENCE TOOL"**
    - Obtain labs/cultures/procedures

If SEPSIS and STABLE: *Adequate response to fluid therapy, SBP > 90, RR < 30, and lactic acid < 4mm/L admit to medical floor*

- **If SEVERE SEPSIS/SEPTIC SHOCK and UNSTABLE**: *Fluid challenged, SBP < 90, RR > 30, vasopressor therapy, and lactic acid > 4mm/L admit to critical care*