**EARLY GOAL DIRECTED THERAPY SS**
Early Goal Directed Therapy SS, Adult Severe Sepsis Phase 2

**ADMIT (Select only one)**
☐ Transfer to MICU

**DIAGNOSIS:** Severe Sepsis / Septic Shock Source

**NURSING**
☑ EGDT Clinical Instructions: Clinical instructions contain goals and 3 Steps of early goal direct therapy
-Goals for the next 24 hours ▪ CVP 8-12 ▪ MAP 65-100 ▪ $ScvO_2$ > 70%
▪ Urine output > 0.5 mL/Kg/Hr
After EGDT started for 24 hours re-evaluate goals and interventions with Intensivist
Step 1: Fluid Resuscitation: see eMAR for orders
*If CVP < 8 consider crystalloids and/or colloids
*When CVP >8 start and/or continue maintenance rate
*If CVP > 15 consider Nitroglycerin

Step 2: Vasopressor support: see eMAR for orders
*If MAP < 65 start Vasopressors
*If MAP > 100 consider Nitroglycerin

Step 3: Adequate oxygen support: see intervention list for transfusion orders
*If no ScvO2 line, draw venous blood gas from distal port of central line
*If ScvO2 < 70% and hemoglobin <10 consider PRBC transfusions
*If ScvO2 <70% BUT hemoglobin > 10 consider Dobutamine. See eMAR for orders

☑ Blood glucose monitoring (BGM) x 1 Evidence
☑ Obtain signed consent for central line placement
☐ Consent for transfusion
☑ Central venous pressure (CVP) monitoring parameters: Goal CVP = 8-12 Evidence
☑ Monitor $ScvO_2$ Prn MAP 65 – 100. Re-check $ScvO_2$ Q 2 Hrs until $ScvO_2$ or ≥ 70%.*(if no ScvO2 monitor, draw from distal port of PICC or central line and process as a VBG)*
☐ Insert indwelling urinary catheter; Reason: Strict intake and output
☐ Transfuse PRBCs for EGDT If:
Pt meets EGDT Blood Transfusion criteria. Repeat CBC after transfusion(s) completed
For $ScvO_2$ < 70% **and** Hgb 9-9.9 Transfuse 1 unit PRBC
For $ScvO_2$ < 70% **and** Hgb 8-8.9 Transfuse 2 units PRBCs
For $ScvO_2$ < 70% **and** Hgb < 8 Transfuse 3 units PRBCs

**RESPIRATORY**
REMINDER: Use “Sedation for Intubated Patients” SS for patient on mechanical ventilation
☐ Apply oxygen (O2) with defined parameters to maintain SAT > 90%
☐ Ventilator Initial settings Evidence
Vent Mode:☐ AC ☐ SIMV ☐ CPAP ☐ Other_____
Type: ☐Volume ☐Pressure ☐PRVC
Rate: _____ Tidal Volume: _____ FiO2:_____ PEEP: _____
Pressure Support: _____ Inspiratory Pressure:_____
Additional Instruction: _____
☐ ABG PRN
☐ Ventilator adjustment to be made by therapist to maintain
PH 7.35-7.45, PCO2 35-45, PO2>80, ABG PRN after Vent Changes
Daily Weaning Parameter Goal:
RSBI <100, NIF-30, RR<30 unless ‘DO NOT institute Ventilator Weaning’ is ordered

**IV FLUIDS** Evidence

☐ Albumin 25% 100 mL IVPB over 20 mins Q 2 Hrs Prn CVP < or = 4, repeat until CVP is > 4. Give in addition to saline boluses (if ordered).
☐ Sodium Chloride 0.9% 500 mL IV bolus over 30 mins Prn CVP < or = 8, repeat until CVP is > 8.
☐ Sodium Chloride 0.9% IV to run at 150 mL/Hr.

**MEDICATIONS**

Analgesic/Antipyretic medications: Mild Pain/HA/Fever

☐ Acetaminophen (Tylenol) 650 mg Po Q 6 Hrs Prn HA, mild pain (scale 1-3), or Temp > 101º F.
*Total Acetaminophen not to exceed 4,000 mg/24 Hrs*
☐ Acetaminophen (Tylenol) 650 mg PR Q 6 Hrs Prn HA, mild pain (scale 1-3), or Temp > 101º F.
If patient is unable to take Po acetaminophen (if ordered).
*Total Acetaminophen not to exceed 4,000 mg/24 Hrs*

Antibiotic medications

☐ 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 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 >1mCg/mL)*

4) *Directed therapy (culture positive) for bacteremia caused by MRSA with high vanco MIC (Etest >1mCg/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 Prn MAP < or = 65 or SBP < or = 90, 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 > 65 or SBP > 90. Titrate down by 1-4 mCg/min Q 15 mins. Hold if HR > or = 120. Must be discontinued upon patient transfer out of Critical Care/Critical Care equivalent units.

☐ Vasopressin (Pitressin) 50 units/250 mL NS continuous IV infusion Prn MAP < or = 65 or SBP < or = 90 despite being on Norepinephrine > or = 10 mCg/min, start and maintain at 0.04 units/min FIXED DOSE, DO NOT TITRATE. Must be discontinued upon patient transfer out of Critical Care/Critical Care equivalent units.

☐ NitroGLYcerin (Tridil) 25 mg/250 mL D5W continuous IV infusion Prn CVP > or = 15 or MAP > 100, start at 5 mCg/min and titrate by 5 mCg/min Q 3-5 mins up to max of 200 mCg/min to maintain CVP < 12 and MAP < 90. Titrate down by 5 -15 mCg/min Q 15 mins. Call MD if dose > 100 mCg/min. Must be discontinued upon patient transfer out of Critical Care/Critical Care equivalent units.

☐ DOBUTamine (Dobutrex) 500 mg/250 mL D5W continuous IV infusion Prn $ScvO_2$ < 70% after blood transfusions completed, start at 2 mCg/Kg/min and titrate by 1-2 mCg/Kg/min Q 10 mins up to a max of 20 mCg/Kg/min to maintain $ScvO_2 \geq 70\%$. Titrate down by 1-2 mCg/Kg/min Q 60 mins. Must be discontinued upon patient transfer out of Critical Care/Critical Care equivalent units.

Endocrine medications: Diabetic Therapy

REMINDER: For Subcutaneous Insulin Orders - Use Subcutaneous Insulin Short Set/Order Form
REMINDER: For Insulin drip orders – Use Critical Care Insulin Drip Short Set/Order Form

Endocrine medications: Steroids Evidence

REMINDER: Avoid the routine use of high-dose corticosteroids Evidence
REMINDER: For patients with septic shock who require vasopressor therapy to maintain adequate blood pressure despite adequate fluid resuscitation, low-dose corticosteroids should be given if there are no contraindications Evidence

☐ Hydrocortisone (Solu-CORTEF) 50 mg IV Push Q 6 Hrs
☐ Fludrocortisone (Florinef) 50 mCg Po daily
☐ Cosyntropin (Cortrosyn) 250 mCg IV Push over 2 mins x 1 dose after baseline Cortisol level is obtained.

Other medications:_____

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

**BLOOD BANK**

REMINDER: Avoid the routine use of fresh frozen plasma to correct laboratory clotting abnormalities

**LABORATORY –** Chemistry

REMINDER: Procalcitonin can be used for patients with suspected gram negative sepsis to rule out other etiology of similar symptoms
☑ Cortisol random- STAT Evidence
☐ Cortisol random-in AM

**LABORATORY –** Urine
☑ Urinalysis Reflex to culture - STAT Specimen Description:_____

**MICROBIOLOGY**
REMINDER: Blood cultures should be obtained before administering antimicrobial therapy Evidence
☑ Culture, Blood x 2 (1 set drawn peripherally and 1 from each vascular access device) Evidence
☐ Fungus Blood Culture
☐ Culture, Respiratory
☐ Culture, Wound Evidence
☐ Stool for C. difficile toxin
☐ Urine Culture
☐ Legionella Urinary Antigen

**DIAGNOSTIC –** Cardiology
☐ Electrocardiogram (12-lead EKG); Reason: HYPOTENSION
☐ Echocardiogram; Reason: HYPOTENSION

**DIAGNOSTIC –** Radiography
☐ Chest X-Ray (1View) Portable: Reason: DYSPNEA Evidence
☐ Chest X-Ray (1View) Portable-In AM: Reason for exam: DYSPNEA

**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)

**MD CONSULTS**
REMINDER: Consider specialty referral
☐ MD_____
☐ MD_____
☐ MD_____

**REQUESTS FOR SERVICE**
☐ Consult for Nutrition; Reason for consult: Nutrition Assessment
☐ Consult for Enterostomal Therapy; Reason for consult: Wound care