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| **Adult Early Sepsis Investigation and Treatment Orders (SAMPLE ONLY)** |
| **ORDERS** | *\*\*\*DRAFT\*\*\**ADDRESSOGRAPH |
| **COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS** |
| **EARLY SEPSIS INVESTIGATION & TREATMENT ORDERS:** (items with check boxes must be selected to be ordered) |
| Date: | Time: |  |
| **\*\* Confirm Early Sepsis Investigation and Treatment is congruent with patient’s goals of care \*\*****URGENT CONSIDERATIONS**Patient may have sepsis/septic shock if they have a SBP less than 90 mmHg and/or MAP less than 65 mmHg, and/or lactate greater than 2 mmol/L**Call most responsible physician and inform him/her the patient has SEPSIS****and possible SEPTIC SHOCK and needs IMMEDIATE ASSESSMENT.****Consider escalation of care****(Internal medicine consult / Escalation of care / Rapid Response Team / ICU consult)** | Time ProcessedRN/LPN InitialsComments |
| **LABORATORY: All investigations are STAT*** Serum Lactate. *Notify physician immediately if lactate greater than* 2 *mmol/L*
* Repeat lactate 2 hours after the first lactate is drawn if greater than 2 mmol/L. Notify physician of results if greater than 2 mmol/L
* CBC and differential, INR, PTT, electrolytes, BUN, creatinine, glucose, liver function tests, lipase, troponin
* Blood cultures X 2 sets BEFORE antibiotics (include culture from central line, if present)
* Urinalysis and urine C&S
* Sputum for C&S

**DIAGNOSTIC: All investigations are STAT*** Chest X-ray \*AND\* 12 lead ECG

**INTRAVENOUS:**Initial intravenous infusion and hydration orders:Ensure at least #20 gauge IV access is in place. May insert a second IV access as necessary.* Start IV bolus:
* Ringer’s Lactate at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mL (max 2 L)
* Sodium chloride 0.9% (NS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mL (max 2 L)
* Plasmalyte \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mL (max 2 L)

Give IV fluid over \_\_\_\_\_\_\_\_\_\_ minutes (physician to assess post-bolus)* Repeat vital signs, chest auscultation and documentation prior to and after completion of each fluid bolus, contact MD if any changes in vital signs or clinical status

**ANTIBIOTICS:*** Physician to initiate appropriate antibiotic therapy within three hours of sepsis identification, if deemed appropriate (see reverse for guidelines)

Antibiotics Orders: |
| **MONITORING:*** Vital Signs and oxygen saturation Q1H X 6H, then Q4H X 12H
* Glasgow Coma Score (GCS) Q1H X 6H
* Monitor urine output if able – May insert a foley catheter as necessary.
* Call MD if any deterioration of vital signs or u/o less than 25 cc/hr (non-dialysis patients)
* Call MD and ICU Outreach team if:
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| 1. Resp Rate less than 10 or greater than 30
2. O2 Sat less than 90
3. Heart rate less than 40 or greater than 140
 | 1. Systolic BP less than 90 mmHg
2. Sudden change in LOC
3. Urine output less than 100 ml in 4 hours
 |
| Prescriber’s Signature | Printed Name | College ID |

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| **Adult Early Sepsis Investigation and Treatment Orders (SAMPLE ONLY)**  |
| LOCAL CAUTIONS OR ALERTS GO HEREALLERGY/INTOLERANCE STATUS INFORMATION |
| DATE AND TIME | **EARLY SEPSIS INVESTIGATION AND TREATMENT ORDERS***(Items with check boxes must be selected to be ordered)* |
|  | **MEDICATIONS:** | STAT Antibiotic therapy (If blood cultures delayed by more than 30 minutes, give antibiotics)Reassess after 24 hours based on culture results |
| **Sepsis any site:** | * vancomycin 25 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg IV STAT, then

vancomycin 15 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg Q12H x 24 hours **AND**piperacillin-tazobactam 3.375 g IV STAT then Q6H x 24 hours* if beta-lactam allergy with a previously documented anaphylactic reaction:

vancomycin 25 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg IV STAT, thenvancomycin 15 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg Q12H x 24 hours **AND**meropenem 500 mg IV STAT then Q6H x 24 hours |
| **CNS:** | * vancomycin 25 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg IV STAT, then

vancomycin 15 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg Q12H x 24 hours **AND**ceftriaxone 2 g IV STAT then Q12H x 24 hours* if penicillin or cephalosporin allergy with a previously documented anaphylactic reaction:

vancomycin 25 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg IV STAT, thenvancomycin 15 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg Q12H x 24 hours **AND**meropenem 2 g IV STAT then Q8H x 24 hours* if over age 50 or immunosuppressed, add ampicillin 2 g IV STAT then Q4H x 24 hours
* if over age 50 or immunosuppressed, AND beta-lactam allergy with a previously documented anaphylactic

reaction: add cotrimoxazole 0.3 mL/kg = \_\_\_\_\_\_\_\_\_\_\_\_ mL IV STAT then Q6H x 24 hours (each mL contains sulfamethoxazole 80 mg and trimethoprim 16 mg) |
| **GI or GU source:** | * piperacillin-tazobactam 3.375 g IV STAT then Q6H x 24 hours
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| **Skin and Soft****Tissue source:** | * vancomycin 25 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg IV STAT, then

vancomycin 15 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg Q12H x 24 hours |
| **Febrile****Neutropenia:** | * vancomycin 25 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg IV STAT, then

vancomycin 15 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg Q12H x 24 hours **AND**cefepime 2 g IV STAT then Q8H x 24 hours* if beta-lactam allergy with a previously documented anaphylactic reaction or ESBL:

vancomycin 25 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg IV STAT, thenvancomycin 15 mg/kg (to nearest 250 mg) = \_\_\_\_\_\_\_\_\_\_\_\_ mg Q12H x 24 hours **AND**meropenem 500 mg IV STAT then Q6H x 24 hours |
| **Community****Acquired****Pneumonia (CAP):** | * ceftriaxone 2 g IV STAT then Q24H x 24 hours **AND**

azithromycin 500 mg IV STAT then Q24H x 24 hours* if beta-lactam allergy with a previously documented anaphylactic reaction:

moxifloxacin 400 mg IV STAT then Q24H x 24 hours |
| **Other** |  |
| Prescriber’s Signature | Printed Name |
| College ID | Pager |