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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 Processed  RN/LPN Initials  Comments |
| **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: | | | |
| 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 HERE  ALLERGY/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, then  vancomycin 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, then  vancomycin 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 | |
| **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, then  vancomycin 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 |