

**Adult Early Sepsis Investigation and Treatment Orders (SAMPLE ONLY)**

|   |   |   |                                  |                        |                         |  |   |  |
|---|---|---|----------------------------------|------------------------|-------------------------|--|---|--|
| <b>ORDERS</b>   | ***DRAFT***<br>ADDRESSOGRAPH                |   |                                  |                        |                         |  |   |  |
| <b>COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS</b>  |   |   |                                  |                        |                         |  |   |  |
| <b>EARLY SEPSIS INVESTIGATION &amp; TREATMENT ORDERS: (items with check boxes must be selected to be ordered)</b>   |   |   |                                  |                        |                         |  |   |  |
| Date:   | Time:                                       |   |                                  |                        |                         |  |   |  |
| <p><b>** Confirm Early Sepsis Investigation and Treatment is congruent with patient's goals of care **</b></p> <p style="text-align:center;"><b>URGENT CONSIDERATIONS</b></p> <p>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</p> <p style="text-align:center;"><u><b>Call most responsible physician and inform him/her the patient has SEPSIS and possible SEPTIC SHOCK and needs IMMEDIATE ASSESSMENT.</b></u></p> <p style="text-align:center;"><b>Consider escalation of care<br/>(Internal medicine consult / Escalation of care / Rapid Response Team / ICU consult)</b></p>   |   | Time<br>Processed<br>RN/LPN<br>Initials<br>Comments |                                  |                        |                         |  |   |  |
| <p><b>LABORATORY: All investigations are STAT</b></p> <ul style="list-style-type: none"> <li>• Serum Lactate. <i>Notify physician immediately if lactate greater than 2 mmol/L</i></li> <li>• 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</li> <li>• CBC and differential, INR, PTT, electrolytes, BUN, creatinine, glucose, liver function tests, lipase, troponin</li> <li>• Blood cultures X 2 sets BEFORE antibiotics (include culture from central line, if present)</li> <li>• Urinalysis and urine C&amp;S</li> <li>• Sputum for C&amp;S</li> </ul> <p><b>DIAGNOSTIC: All investigations are STAT</b></p> <ul style="list-style-type: none"> <li>• Chest X-ray *AND* 12 lead ECG</li> </ul> <p><b>INTRAVENOUS:</b><br/>Initial intravenous infusion and hydration orders:<br/>Ensure at least #20 gauge IV access is in place. May insert a second IV access as necessary.</p> <ul style="list-style-type: none"> <li>• Start IV bolus:                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Ringer's Lactate at _____ mL (max 2 L)</li> <li><input type="checkbox"/> Sodium chloride 0.9% (NS) _____ mL (max 2 L)</li> <li><input type="checkbox"/> Plasmalyte _____ mL (max 2 L)</li> </ul> </li> </ul> <p>Give IV fluid over _____ minutes (physician to assess post-bolus)</p> <ul style="list-style-type: none"> <li>• 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</li> </ul> <p><b>ANTIBIOTICS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Physician to initiate appropriate antibiotic therapy within three hours of sepsis identification, if deemed appropriate (see reverse for guidelines)</li> </ul> <p>Antibiotics Orders:</p> |   |   |                                  |                        |                         |  |   |  |
| <p><b>MONITORING:</b></p> <ul style="list-style-type: none"> <li>• Vital Signs and oxygen saturation Q1H X 6H, then Q4H X 12H</li> <li>• Glasgow Coma Score (GCS) Q1H X 6H</li> <li>• Monitor urine output if able – May insert a foley catheter as necessary.</li> <li>• Call MD if any deterioration of vital signs or u/o less than 25 cc/hr (non-dialysis patients)</li> <li>• Call MD and ICU Outreach team if:                         <table style="width:100%; border:none;"> <tr> <td style="width:50%;">1. Resp Rate less than 10 or greater than 30</td> <td style="width:50%;">4. Systolic BP less than 90 mmHg</td> </tr> <tr> <td>2. O2 Sat less than 90</td> <td>5. Sudden change in LOC</td> </tr> <tr> <td>3. Heart rate less than 40 or greater than 140</td> <td>6. Urine output less than 100 ml in 4 hours</td> </tr> </table> </li> </ul>   |   | 1. Resp Rate less than 10 or greater than 30        | 4. Systolic BP less than 90 mmHg | 2. O2 Sat less than 90 | 5. Sudden change in LOC | 3. Heart rate less than 40 or greater than 140 | 6. Urine output less than 100 ml in 4 hours |  |
| 1. Resp Rate less than 10 or greater than 30  | 4. Systolic BP less than 90 mmHg            |   |                                  |                        |                         |  |   |  |
| 2. O2 Sat less than 90  | 5. Sudden change in LOC                     |   |                                  |                        |                         |  |   |  |
| 3. Heart rate less than 40 or greater than 140  | 6. Urine output less than 100 ml in 4 hours |   |                                  |                        |                         |  |   |  |
| _____<br>Prescriber's Signature   | _____<br>Printed Name                       | _____<br>College ID                                 |                                  |                        |                         |  |   |  |

## Adult Early Sepsis Investigation and Treatment Orders (SAMPLE ONLY)

LOCAL CAUTIONS OR ALERTS GO HERE  
ALLERGY/INTOLERANCE STATUS INFORMATION

| DATE AND TIME | <b>EARLY SEPSIS INVESTIGATION AND TREATMENT ORDERS</b><br><i>(Items with check boxes must be selected to be ordered)</i> |   |
|---------------|--|---|
|               | <b>MEDICATIONS:</b>  | STAT Antibiotic therapy (If blood cultures delayed by more than 30 minutes, give antibiotics)<br>Reassess after 24 hours based on culture results   |
|               | <b>Sepsis any site:</b>  | <input type="checkbox"/> vancomycin 25 mg/kg (to nearest 250 mg) = _____ mg IV STAT, then<br>vancomycin 15 mg/kg (to nearest 250 mg) = _____ mg Q12H x 24 hours <b>AND</b><br>piperacillin-tazobactam 3.375 g IV STAT then Q6H x 24 hours<br><input type="checkbox"/> if beta-lactam allergy with a previously documented anaphylactic reaction:<br>vancomycin 25 mg/kg (to nearest 250 mg) = _____ mg IV STAT, then<br>vancomycin 15 mg/kg (to nearest 250 mg) = _____ mg Q12H x 24 hours <b>AND</b><br>meropenem 500 mg IV STAT then Q6H x 24 hours   |
|               | <b>CNS:</b>  | <input type="checkbox"/> vancomycin 25 mg/kg (to nearest 250 mg) = _____ mg IV STAT, then<br>vancomycin 15 mg/kg (to nearest 250 mg) = _____ mg Q12H x 24 hours <b>AND</b><br>ceftriaxone 2 g IV STAT then Q12H x 24 hours<br><input type="checkbox"/> if penicillin or cephalosporin allergy with a previously documented anaphylactic reaction:<br>vancomycin 25 mg/kg (to nearest 250 mg) = _____ mg IV STAT, then<br>vancomycin 15 mg/kg (to nearest 250 mg) = _____ mg Q12H x 24 hours <b>AND</b><br>meropenem 2 g IV STAT then Q8H x 24 hours<br><input type="checkbox"/> if over age 50 or immunosuppressed, add ampicillin 2 g IV STAT then Q4H x 24 hours<br><input type="checkbox"/> if over age 50 or immunosuppressed, <b>AND</b> 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) |
|               | <b>GI or GU source:</b>  | <input type="checkbox"/> piperacillin-tazobactam 3.375 g IV STAT then Q6H x 24 hours  |
|               | <b>Skin and Soft Tissue source:</b>  | <input type="checkbox"/> vancomycin 25 mg/kg (to nearest 250 mg) = _____ mg IV STAT, then<br>vancomycin 15 mg/kg (to nearest 250 mg) = _____ mg Q12H x 24 hours   |
|               | <b>Febrile Neutropenia:</b>  | <input type="checkbox"/> vancomycin 25 mg/kg (to nearest 250 mg) = _____ mg IV STAT, then<br>vancomycin 15 mg/kg (to nearest 250 mg) = _____ mg Q12H x 24 hours <b>AND</b><br>cefepime 2 g IV STAT then Q8H x 24 hours<br><input type="checkbox"/> if beta-lactam allergy with a previously documented anaphylactic reaction or ESBL:<br>vancomycin 25 mg/kg (to nearest 250 mg) = _____ mg IV STAT, then<br>vancomycin 15 mg/kg (to nearest 250 mg) = _____ mg Q12H x 24 hours <b>AND</b><br>meropenem 500 mg IV STAT then Q6H x 24 hours  |
|               | <b>Community Acquired Pneumonia (CAP):</b>   | <input type="checkbox"/> ceftriaxone 2 g IV STAT then Q24H x 24 hours <b>AND</b><br>azithromycin 500 mg IV STAT then Q24H x 24 hours<br><input type="checkbox"/> if beta-lactam allergy with a previously documented anaphylactic reaction:<br>moxifloxacin 400 mg IV STAT then Q24H x 24 hours   |
|               | <b>Other</b>   |   |
|               | Prescriber's Signature   | Printed Name  |
|               | College ID   | Pager   |