Allergies: ___________________________  Weight: ________ kg

Diagnosis: __________________________

Service: ____________________________  Attending: __________________________

**ICU: SEPSIS: ADMISSION: ADULT ICU OR ED/OBS**

Initiate admission orders in addition to Sepsis orders

If Apache II score > 24 or two organ failures, evaluate patient for Drotrecogin Alpha Protocol (Fellow or Attending). Use "ICU: SEPSIS: DROTRECOGIN" (PO-1730)

See ICU: INSULIN INFUSION: ADULT (PO-1751)

**Nursing Orders**

- Sepsis Algorithm: see [http://ozone.ohsu.edu/healthsystem/HIS/po7156_sepsis_algorithm.pdf](http://ozone.ohsu.edu/healthsystem/HIS/po7156_sepsis_algorithm.pdf)
- Notify MD: Routine, CONTINUOUS
  - If goals of fluid resuscitation and sepsis therapy are not met
- Goals of Therapy: Routine, CONTINUOUS
  - MAP > 65 mmHg
  - CVP > 8 mmHg
  - Urine Output > 0.5 mL/kg/hr
  - CVO2 > 70%
  - Antibiotics initiated within 30-60 minutes
  - Patient and family-centered care delivered
- Goals of fluid resuscitation: Routine, CONTINUOUS
  - CVP 8-12 (patient NOT mechanically ventilated)
  - CVP 12-15 (patient IS mechanically ventilated)
  - MAP > 65 mmHg
  - Urine output > 0.5 mL/kg/hr
- Start vasopressors if MAP < 65 after initial bolus therapy: Routine, CONTINUOUS

**Baseline Labs**

- UA, Dipstick Only: COLLECT NOW, X1, Urine
- Urine, Microscopic Exam: COLLECT NOW, X1, Urine
- Culture, Urine Bacti: COLLECT NOW, X1, Urine
- Culture, Blood Bacti & Fungal: ONCE, Blood, Draw before giving antibiotics
- Culture, Blood Bacti & Fungal: ONCE, Blood, Draw before giving antibiotics
- Culture, Sputum: COLLECT NOW, X1, Sputum
- Gram Smear Only: Stat COLLECT NOW, X1
ICU: SEPSIS: ADMISSION: ADULT ICU OR ED/OBS

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ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

- CBC, With Differential ONCE
- Comp Metabolic Set, Plasma ONCE
- Coagulopathy Panel ONCE Must order with concurrent CBC
- CBC Only Routine, ONCE Must be ordered if Coagulopathy Panel is ordered
- Cortisol, Serum ONCE
- Creatinine, Urine (Spot) COLLECT NOW, X1
- Lactic Acid, Plasma ONCE
- Type and Screen ONCE
- Blood Gases, Arterial COLLECT NOW, X1
- Blood Gases, Venous COLLECT NOW, X1

Lines, Drains, Airways Goal for central line placement is within 2 hours of arrival
- Insert and Maintain Foley Catheter Routine, CONTINUOUS, With hourly urometer bag
- Set up for central line placement with CVP monitoring Routine, CONTINUOUS
- Set up for arterial line placement Routine, CONTINUOUS

Imaging
- X-Ray Portable Chest 1 View Routine, AS NEEDED After all invasive line and tube placements
  Reason for Exam/Referral Diagnosis?: line and tube placement

FLUIDS RESUSCITATION

Goals of Fluid Resuscitation Therapy:
- Until CVP 8-12 (for pts off mechanical ventilation)
- Until CVP 12-15 (for pts on mechanical ventilation)
- MAP > 65 mmHg
- Urine Output 0.5 mL/kg/hr

Initial Bolus Therapy
- lactated ringers IV 20 mL/kg, Intravenous, ONCE
- NaCl 0.9% IV infusion 20 mL/kg, Intravenous, ONCE

Subsequent Bolus Therapy may repeat x 3 based on goals of therapy
- lactated ringers IV 500 mL, Intravenous, AS NEEDED For 3 Doses
  Infuse over 20 minutes
- NaCl 0.9% IV infusion 500 mL, Intravenous, AS NEEDED For 3 Doses
  Infuse over 20 minutes
MEDICATIONS

Vasopressors

After initial bolus therapy, if MAP < 65 mmHg, then start vasopressors to maintain MAP ≥ 65 mmHg. Norepinephrine is the preferred agent. Vasopressin is the second line agent for catecholamine refractory shock.

- norepinephrine (aka LEVOPHED) IV ______ mcg/kg/min (0.05-0.4 mcg/kg/min), Intravenous, CONTINUOUS
- DOPamine in dextrose 5% (aka INOTROPIN) IV ______ mcg/kg/min (5-20 mcg/kg/min), Intravenous, CONTINUOUS
- vasopressin (aka PITRESSIN) IV ______ Units/min (0.01-0.04 Units/min), Intravenous, CONTINUOUS

Inotropes

If CVO2 saturation <70% AND Hct >30%, initiate DOBUTamine.

- DOBUTamine in dextrose 5% (aka DOBUTREX) IV ______ mcg/kg/min (2-10 mcg/kg/min), Intravenous, CONTINUOUS
  
  If CVO2 saturation <70% AND Hct >30%, initiate DOBUTamine.
  Initiate if CVO2 saturation less than 70% AND Hct greater than 30%.
  Titrate until CVO2 saturation reaches 70%

Antibiotics

If creatinine clearance < 50 mL/min: Pharmacy to contact H.O. to recommend dose adjustment within 24 hrs. ceftAZIDime OR piperacillin-tazobactam, not both.


- vancomycin (aka VANCOCIN) IV ______ [15 mg/kg/dose] Intravenous, EVERY 12 HOURS
  Infuse over 60 minutes. Give first dose within one hour of initiating order set. Antibiotic dose given after cultures are obtained.
- ceftAZIDime (aka FORTAZ) IV 2 g, Intravenous, EVERY 8 HOURS. Give first dose within one hour of initiating order set. Antibiotic dose given after cultures are obtained.
- piperacillin-tazobactam (aka ZOSYN) IV (extended infusion, CrCl > 20 or CWHD)
  - piperacillin-tazobactam (aka ZOSYN) IV 4.5 g, Intravenous, ONCE **LOADING DOSE for extended infusion**.
    - Infuse over 30 min.
  - piperacillin-tazobactam (aka ZOSYN) IV (minibag+) 3.375 g, Intravenous, EVERY 8 HOURS **MAINTENANCE DOSE for extended Infusion**
    - Use Alaris Guardrails "pip/tazo (pilot)";
    - Administer 8 hours after loading dose
    - Infuse over 4 hours

Signature: __________________________ Date: ______ Time: ______
Print Name: __________________________ Pager: ______

ONLINE 10/17/2011 Downtime version of Epic 304007156 PO-7156
piperacillin-tazobactam (aka ZOSYN) IV (extended infusion, CrCl ≤ 20 or HD)
- piperacillin-tazobactam (aka ZOSYN) IV (minibag+) 3.375 g, Intravenous, EVERY 8 HOURS
  **MAINTENANCE DOSE for extended Infusion**
  - Use Alaris Guardrails "pip/tazo (pilot)"
  - Infuse over 4 hours

- ciprofloxacin (aka CIPRO) IV 400 mg, Intravenous, EVERY 8 HOURS Infuse over 60 minutes. Give first dose within one hour of initiating order set. Antibiotic dose given after cultures are obtained.

- azithromycin (aka ZITHROMAX) IV 500 mg, Intravenous, EVERY 24 HOURS. Refrigerate; Infuse over 60 minutes. Give first dose within one hour of initiating order set. Antibiotic dose given after cultures are obtained.

**ACTH Stimulation Test**
- ACTH Stimulation Test (0,30,60 minutes) Routine, ONCE
- cosyntropin (aka CORTROSYN) 250 mcg IV 0.25 mg, Intravenous, ONCE

**Steroids**
- hydrocortisone (aka SOLUCORTEF) IV [initial push] 100 mg, Intravenous, ONCE
- hydrocortisone (aka SOLUCORTEF) IV 100 mg, Intravenous, EVERY 8 HOURS
- fludrocortisone (aka FLORINEF) tablet 0.05 mg, Oral, DAILY For 7 Days
  Administer PO or PFT, not both
- fludrocortisone (aka FLORINEF) tablet 0.05 mg, Feeding tube, DAILY For 7 Days.
  Administer PO or PFT, not both

**TRANSFUSION THERAPY**

**Transfusion Therapy**
Consider transfusion once CVP and MAP goals are reached and:
CVO2 > 70 and HCT > 30%
See GEN: BLOOD PRODUCTS TRANSFUSION (PO-7032)

**OTHER**

**Consults**
- IP Consult to Clinical Pharmacist CONTINUOUS
  Reason for consult: MEDICATION DOSING AND/OR MONITORING