



Height:	Weight:	PHYSICIANS ORDERS SEVERE SEPSIS / SEPTIC SHOCK FOR ICU
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LABS/DIAGNOSTICS – If not already ordered STAT Routine

- CBC with differential
- CMP
- Magnesium
- Type & Cross for 2 units PRBCs
- Lactic Acid every _____ hours
- Coagulation Profile
- ABG
- Aerobic / anaerobic blood cultures from two sites, one must be peripheral
 - If vascular access device present, one from each port
 - Repeat one set per day for temperature greater than 101.5.
- Urine culture and sputum gram stain and culture
- CSF Culture
- Wound Culture _____ (specify)
- Portable Chest X-ray

IV FLUIDS
Fluid resuscitation in Sepsis should be 20-40ml/kg.
20ml/kg= 20 x _____ (patient weight in kg) = _____ L.
40ml/kg= 40 x _____ (patient weight in kg) = _____ L.

- 500 ml bolus of:
 - NS** every 30 minutes to keep CVP 8-12 and/or MAP greater than 65 mmHg (minimum of 20ml/kg) to total of _____ L
 - LR** every 30 minutes to keep CVP 8-12 and/or MAP greater than 65 mmHg (minimum of 20ml/kg) to total of _____ L
 - Transfusion of _____ units PRBC for hematocrit less than 30% on admission
- Consent for central line insertion and CVP measurement
- Monitor CVP on all Central Lines.

Additional 20ml/kg of Fluid Resuscitation for CVP<8 or MAP<65

- Continue 500 ml NS bolus every 30 minutes for a total of _____ L
- Continue 500 ml LR bolus every 30 minutes for a total of _____ L

ANTIBIOTICS
(Start within one hour of admission / diagnosis, obtain cultures prior to dosing, pharmacy dosage review at 24 hours)

- Piperacillin / Tazobactam (Zosyn) 3.375 Gram IV every 6 hours (Sepsis)
- Piperacillin / Tazobactam (Zosyn) 4.5Gram IV every 6 hours (HAP)
- Levofloxacin (Levaquin) 750 mg IV every 24 hours - if penicillin allergy
- Meropenem (Merrem IV) 1Gram IV every 8 hours
- Cefepime (Maxipime) 1 Gram IV every 8 hours
- Cefepime (Maxipime) 2 Grams IV every 8 hours (HAP)
- Other (specify drug, dose, route, and frequency) _____

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VASOPRESSORS *(on call) For MAP less than 65 after 20ml/kg fluid resuscitation*

- Start norepinephrine (Levophed) 8mg/250ml IV at 2mcg/min **if** MAP remains less than 65 mmHg, titrate up to _____
- If** MAP remains less than 65mmHg; begin Dopamine 400 mg/250 ml IV at 5 mcg/kg/min, titrate up to _____
- Vasopressin 40 units/100ml IV at _____ (0.03-0.06) units/minute to keep Systolic B/P greater than _____ mmHg
- Dobutamine 500mg/250ml IV at _____ mcg/kg/min

GLUCOSE CONTROL:

- Capillary Blood glucose (Accucheck) every 4 hours for 48 hours
- If 3 out of 4 results are:
 - less than or equal to 120: change to capillary blood glucose testing twice daily
 - 121 – 199: Initiate
 - Adult Insulin Sliding Scale Nephrology
 - Adult ICU Insulin Sliding Scale
 - Adult Non ICU Insulin Sliding Scale
 - Greater than 150 on sliding scale insulin, Contact physician to consider initiation of Adult ICU Insulin Sliding Scale Therapy:
 - Greater than 200, Contact physician to consider initiation of Adult ICU Insulin Infusion Therapy:

OTHER

- Evaluate for drotrecogin alfa (Xigris) infusing using preprinted order set #113-3035
- For patients whose blood pressure is unresponsive to fluids and vasopressors::
 - Notify MD if Levophed dose greater than 10 mcg/min or Dopamine dose greater than 15mcg/kg/min and MAP less than 65, to start Hydrocortisone (Solu-Cortef) 100 mg IV every 8 hours
 - Notify MD after Vasopressors off for 12 hours, to decrease Hydrocortisone dose by 50% daily until off

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