CULLMAN REGIONAL

PHYSICIAN'S ORDERS

Patient Label

Allergies:

Adult Severe Sepsis and Septic Shock Admission Order Set

Admit	● Inpatient Services to Dr._____ ❒ Consult Dr. _____ ❒ CCU ❒ Floor ❒ Telemetry ❒Telemetry with Sat monitoring
Diagnosis	❒Severe Sepsis ❒Septic Shock ❒Other:
Condition	❒Stable ❒Fair ❒Guarded ❒Critical Code Status: _____
Vitals	●**q1hr OR** ❒q4hr ❒q2hr ❒Routine ❒Other: _____ Neuro checks ❒ q4hr ❒q2hr ❒q1hr ❒Other: _____
Notify Physician	● **MAP <65mm Hg or urine output <0.5ml/Kg/hour or no urine output in 4 hours** ● BP <90 Systolic or 40 Diastolic or >185 Systolic or 100 Diastolic, pulse <45 or > 120, Temp >101◦ (103◦ if on antibiotics), O2 saturation <90
Activity	❒As tolerated ❒BRP ❒Up in chair ❒Up with assistance ❒Bedrest
Nursing	● **Strict I&Os (goal UOP > 0.5ml/Kg/hr**) ☐Insert Foley Catheter; implement Foley Catheter Removal Protocol ●**Verify home medications with family physician for continue/suspend/change**
Diet	❒Clear Liquids ❒Regular ❒NPO ❒1800 Diabetic ❒ Renal ❒Other:_____
Oxygen	●**O_2 @____ Lper min per nasal cannula ☐ Mask in lieu of nasal cannula to maintain sat >____%**
IV Bolus	● Septic Shock NS 30ml/Kg IV bolus over 1 hour (If not already started in the ED) For SBP <90 or Lactic ≥4.0
IV Maintenance	❒NS 1000ml @ _____ ml/hr Other: _____@_____ml/hr ❒Saline Lock
Vasopressors	**If unable to maintain SBP >90 after fluid resuscitation** ●Consider Central line placement ❒Norepinephrine per order set to achieve: SBP ≥ 90 MAP ≥ 65 OR _____ ❒Vasopressin per order set

Antibiotics (Pharmacy to Dose) (Administer within 1hr of sepsis recognition) _____started in ED @ _____

Source/Medications (Note "For severe allergies" section below)

Pneumonia (CAP)	❒Rocephin 2gm IV q24hr+ Zithromax 500mg IV q24hr **OR** ❒Levaquin 750mg IV q24hr **(Non–ICU)**
Pneumonia (HCAP)	❒**Zosyn (see dosing below)**+ Levaquin 750mg IV q24hr+ Vancomycin (15mg/Kg) IV x1then per pharmacy
Urinary Tract Infection	❒Rocephin 2gm IV q24hr **OR** (in severe PCN allergy) ❒Cefepime 2gm IV q8hr
CNS Infection/ Meningitis	❒Dexamethasone 0.15mg/Kg IV x1 given 15-20 minutes prior to antibiotics **For ages 18-50** ❒Rocephin 2gm IV q24hr+ Vancomycin (20mg/Kg)IV x1 then per pharmacy **For ages >50** ❒Rocephin 2gm IV q24hr+ Ampicillin 2gm IV q4hr+ Vancomycin (20mg/Kg)IV x1 then per pharmacy **For suspected viral infection** +❒Acyclovir 10mg/Kg IV q8hr
GI Infection	❒**Zosyn (see dosing below)** For risk of GI Perforation or abscess + ❒Flagyl 500mg IV q8hr + ❒Diflucan 400mg IV q24hr
Cellulitis/ Skin Infection	❒**Zosyn (see dosing below)** +❒Vancomycin (15mg/Kg) IV x1 then per pharmacy
	****Zosyn dosing*: Zosyn 4.5gm IV x 1 over 30 min then 4.5gm IV over 4 hours q8hr** ****For Severe Penicillin allergy*: Cefepime 2gm IV q8hr** ****All medications will be automatically adjusted by pharmacy according to renal function.**

❒ **Sliding Scale Insulin Order Set**	❒Regular Insulin ❒Humalog Insulin ❒Novolog Insulin ❒Other: _____ ❒Low Dose ❒Moderate Dose ❒High Dose
DVT Prophylaxis	● Initiate VTE/PE Prophylaxis Order Set
Labs	**Immediately get stat labs:** Blood C/S x 2 prior to antibiotic initiation, if possible/don't delay Antibiotic; Lactate, repeat in 3 hours if elevated; CBC with auto Diff; PT; PTT; CMP; UA; Urine C&S; Sputum C&S; C&S of any suspicious wound **(If not already done in the ED)** ❒Procalcitonin ❒Troponin ❒Type and Screen for 2 units PRBC ❒VBG
Diagnostic Imaging	❒**CXR (Portable) STAT** ❒EKG STAT ❒Cardiovascular Ultrasound Other: _____
MD Signature: _____Date and Time: _____	

Approved by QMC: 02/14/2020; Revised by P&T: 02/13/2020