

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: _____	Time Processed RN/LPN Initials Comments						
** Confirm Early Sepsis Investigation and Treatment is congruent with patient's goals of care **							
URGENT CONSIDERATIONS							
1. If patient develops TWO of THREE of the following (qSOFA): <ol style="list-style-type: none"> a. Respiratory rate >22 breaths/min b. Systolic blood pressure < 100 mmHg c. Altered mental status 2. and/or Lactate greater than 4 mmol/L							
<p style="color: red; margin: 0;"><u>Call most responsible physician and inform him/her the patient has SEPSIS and possible SEPTIC SHOCK and needs IMMEDIATE ASSESSMENT.</u></p> <p style="color: red; margin: 0;">Consider escalation of care (internal medicine consult / Escalation of care / Rapid Response Team / ICU consult)</p>							
LABORATORY: All investigations are STAT <ul style="list-style-type: none"> • Serum Lactate. <i>Notify physician immediately if lactate greater than 2 mmol/L</i> • Repeat lactate 2 hours after the first lactate is drawn if greater than 2 mmol/L. Notify physician of results if > 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 <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • Start IV bolus: <ul style="list-style-type: none"> <input type="checkbox"/> Ringer's Lactate at _____ mL (max 2 L) <input type="checkbox"/> Sodium chloride 0.9% (NS) _____ mL (max 2 L) <input type="checkbox"/> 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: <ul style="list-style-type: none"> <input type="checkbox"/> Physician to initiate appropriate antibiotic therapy within three hours of sepsis identification, if deemed appropriate (see reverse for guidelines) Antibiotics Orders:							
<hr/> MONITORING: <ul style="list-style-type: none"> • 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 <25 cc/hr (non-dialysis patients) • Call MD and ICU Outreach team if: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Resp Rate <10 or >30</td> <td style="width: 50%;">4. Systolic BP <90 mmHg</td> </tr> <tr> <td>2. O2 Sat <90</td> <td>5. Sudden change in LOC</td> </tr> <tr> <td>3. Heart rate <40 or >140</td> <td>6. Urine output <100 ml in 4 hours</td> </tr> </table> 		1. Resp Rate <10 or >30	4. Systolic BP <90 mmHg	2. O2 Sat <90	5. Sudden change in LOC	3. Heart rate <40 or >140	6. Urine output <100 ml in 4 hours
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_____ Prescriber's Signature	_____ Printed Name						
_____ College ID							

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LOCAL CAUTIONS OR ALERTS GO HERE
ALLERGY/INTOLERANCE STATUS INFORMATION

DATE AND TIME	EARLY SEPSIS INVESTIGATION AND TREATMENT ORDERS <i>(Items with check boxes must be selected to be ordered)</i>	
	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:	<input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> if over age 50 or immunosuppressed, add ampicillin 2 g IV STAT then Q4H x 24 hours <input type="checkbox"/> 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:	<input type="checkbox"/> piperacillin-tazobactam 3.375 g IV STAT then Q6H x 24 hours
	Skin and Soft Tissue source:	<input type="checkbox"/> 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:	<input type="checkbox"/> 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 <input type="checkbox"/> 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):	<input type="checkbox"/> cefTRIAxone 2 g IV STAT then Q24H x 24 hours AND azithroMYCIN 500 mg IV STAT then Q24H x 24 hours <input type="checkbox"/> if beta-lactam allergy with a previously documented anaphylactic reaction: MOXIfloracin 400 mg IV STAT then Q24H x 24 hours
	Other: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Prescriber's Signature</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Printed Name</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">College ID</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Pager</div> </div>	