

CREDIT VALLEY
THE CREDIT VALLEY HOSPITAL
PHYSICIAN'S ORDERS
SEVERE SEPSIS BUNDLE -
EMERGENCY MANAGEMENT (Adult)

Weight _____(kg)

REFER TO THE ALLERGY SCREEN IN MEDITECH FOR ALLERGY INFORMATION

To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.

PART A - INITIAL MANAGEMENT (Severe Sepsis - Refer to Algorithm on reverse)

Consult: Internist **OR** Intensivist

Assessment and treatments:

CBC, BS, lytes, urea, creat, LFTs, Mg, Ca, lactic acid, urinalysis as per medical directive

Blood cultures x 2 as per medical directive (includes from CVAD if present)

Other type specific cultures _____

INR, PTT, Phosphorus, Group and Reserve

Other: _____

Insert foley catheter, intake and output q1h. Notify physician if urine output less than 0.5 mL/kg/h

Continuous cardiac and oxygen saturation monitoring.

VS q15min until stable then q1h, neurological status q1h and inform physician of decreased LOC or confusion

Oxygen protocol

Medications:

Normal saline IV bolus _____ mL (20-30 mL/kg) **STAT** then 150 mL/h

Antibiotics: Give first antibiotic dose(s) **STAT** (Do not delay antibiotics if blood cultures cannot be obtained)

Known source antibiotic therapy:

Unknown source antibiotic therapy:

Standard Therapy:

Piperacillin-tazobactam (Tazocin) 4.5 g IV q8h

Suspected MRSA/Line sepsis:

Piperacillin-tazobactam (Tazocin) 4.5 g IV q8h **AND**
 Vancomycin 1 g IV q12h (give over 60 minutes)

Standard Therapy if serious penicillin allergy:

Ciprofloxacin 400 mg IV q12h **AND**
 Clindamycin 600 mg IV q8h

Alternative for above if serious penicillin allergy:

Ciprofloxacin 400 mg IV q12h **AND**
 Metronidazole 500 mg IV q12h **AND**
 Vancomycin 1 g IV q12h (give over 60 minutes)

Reassess antibiotic selection in 48 hours (For patients with renal impairment contact **Pharmacy** for dosing).

Acetaminophen 650 mg po/pr q4h prn for fever greater than 38 degrees Celsius.

Date: _____ **Time:** _____

MD SIGNATURE

PART B - EARLY GOAL DIRECTED THERAPY (Septic shock/lactate greater than 4 mmol/L - Refer to Algorithm on reverse)

Transfer to Critical Care as soon as possible, initiate orders below if transfer delayed

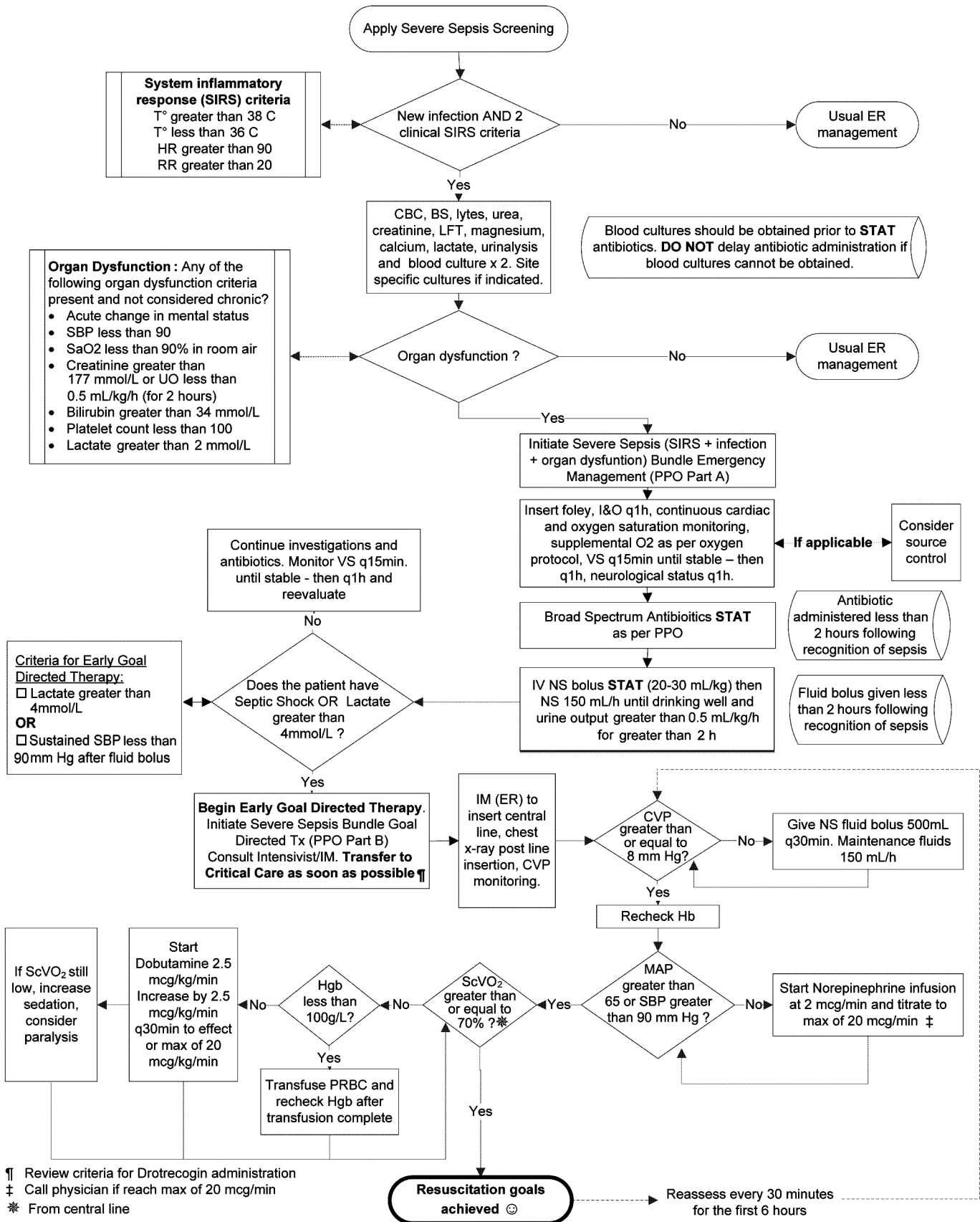
Chest x-ray post CVP line insertion CVP q30min until greater than 8 mmHg, then q1h		When SBP greater than 90 - check central venous oxygen saturation (ScVO2)	
CVP less than 8	SBP less than 90 AND CVP greater than 8	ScVO2 less than 70 AND Hgb less than 100 g/L	ScVO2 less than 70 AND Hgb greater than/= 100 g/L
NS IV 500 mL q30min until CVP greater than 8	Norepinephrine 2 mcg/min, titrate to max. of 20 mcg/min until SBP greater than 90, if max. reached and SBP less than 90, call MRP	Cross match _____ units & complete administration of blood and blood products orders	Dobutamine 2.5 mcg/kg/min, increase by 2.5 mcg/kg/min q30min until ScVO2 greater than 70 or max. of 20 mcg/kg/min reached, call MRP if rate 20 mcg/kg/min and ScVO2 less than 70
Recheck Hgb when CVP greater than 8	Hydrocortisone 100 mg IV q8h Serum cortisol and Hgb		

Date: _____ **Time:** _____

MD SIGNATURE



PHYSICIAN'S ORDERS
SEVERE SEPSIS BUNDLE - EMERGENCY MANAGEMENT (Adult)



¶ Review criteria for Drotrecogin administration
 ‡ Call physician if reach max of 20 mcg/min
 * From central line
 ☺ The aim is to achieve Early Goal Directed Therapy within 6 hours for patients with septic shock or lactate greater than 4 mmol/L

