



St. Nicholas Hospital

Severe Sepsis/Septic Shock

Order Set Page 1 of 4

Admit to: Dr. _____ Inpatient status

Consult Dr. _____ RE: _____

Bed Type: Intensive Care Unit Med Surg bed

Diagnosis: Severe sepsis Septic shock

Code Status: Full code No code

Allergies: _____

No known drug allergies

SEPSIS BUNDLE PART 1 - START IMMEDIATELY

IV Fluids

Establish large bore peripheral IV (2 sites if no central line)

Normal saline bolus _____ml (20ml/kg) over 1 hour (MAX: 2000ml), then _____ml/hr

Nursing

Cardiac monitor

Continuous pulse oximetry

Insert urinary catheter

Insert NG tube to low intermittent suction

Respiratory Therapy

Oxygen administered -- per adult oxygen protocol

Labs: Stat

CBC with differential

CMP

PT/INR

PTT

ABG

Venous lactate

ScvO₂ (from central line)

Blood culture x2 (if venous access device one from site and one peripheral)

Urinalysis with microscopy, gram stain, culture and sensitivities. May straight cath patient to obtain specimen

Sputum gram stain with culture and sensitivities

Culture wound from _____

Blood for Type and Screen

Diagnostics: Stat

Stat portable CXR

EKG

Physician Initials _____

Please initial each place that a deletion, addition, or strike through has occurred.
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ANTIBIOTIC SELECTION		
Source	Suggested Regimen	Alternative for Beta-Lactam allergy
Intra-abdominal (including biliary)	<input type="checkbox"/> Piperacillin-Tazobactam 4.5gm IVBP STAT, then every 6hrs PLUS (if Piperacillin-Tazobactam dose reduced add Metronidazole) <input type="checkbox"/> Metronidazole 500mg, IVPB STAT, then every 8hrs	<input type="checkbox"/> Aztreonam 2gm IVPB STAT, then every 8hrs PLUS Metronidazole 500mg, IVPB STAT, then every 8hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose
Line Sepsis/Blood stream	<input type="checkbox"/> Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose PLUS Cefepime 2gm IVPB STAT, then every 8hrs	<input type="checkbox"/> Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose PLUS Aztreonam 2gm IVPB STAT, then every 8hrs
Lung	Pseudomonas not suspected: <input type="checkbox"/> Ceftriaxone 2gm IVPB STAT, then every 24hrs PLUS Azithromycin 500mg IVPB STAT, then every 24hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose	Pseudomonas not suspected: <input type="checkbox"/> Levofloxacin 750mg IVPB STAT, then every 24hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose
	Pseudomonas suspected: <input type="checkbox"/> Piperacillin-Tazobactam 4.5gm IVPB STAT, then every 6hrs PLUS Levofloxacin 750mg IVPB STAT, then every 24hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose	Pseudomonas suspected: <input type="checkbox"/> Aztreonam 2gm IVPB STAT, then every 8hrs PLUS Levofloxacin 750mg IVPB STAT, then every 24hrs PLUS Tobramycin _____ mg (1.7mg/kg) IVPB STAT, then Pharmacy to dose PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose
Meningitis	<input type="checkbox"/> Dexamethasone _____mg (0.15mg/kg) IV push STAT, then every 6hrs	<input type="checkbox"/> Dexamethasone _____mg (0.15mg/kg) IV push STAT, then every 6hrs
	<input type="checkbox"/> Ceftriaxone 2gm IVPB STAT, then every 12hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose	<input type="checkbox"/> Chloramphenicol _____ mg (12.5mg/kg) IVPB STAT, then every 6hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose
	Listeria Suspected add: <input type="checkbox"/> Ampicillin 2gm IVPB STAT, then every 4hrs	Listeria Suspected add: <input type="checkbox"/> Trimethoprim-sulfamethoxazole _____ mg as trimethoprim (5mg/kg), IVPB STAT, then every 6hrs
	Herpes Encephalitis Suspected add: <input type="checkbox"/> Acyclovir _____mg (10mg/kg) IVPB STAT, then every 8hrs	Herpes Encephalitis Suspected add: <input type="checkbox"/> Acyclovir _____mg (10mg/kg) IVPB STAT, then every 8hrs

see next page for further orders

Physician Initials _____

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ANTIBIOTIC SELECTION		
Source	Suggested Regimen	Alternative for Beta-Lactam allergy
Skin/wound (with/without bone or joint involvement)	Necrotizing Soft Tissue Infections: <input type="checkbox"/> Piperacillin-Tazobactam 4.5gm IVPB STAT, then every 6hrs PLUS Clindamycin 900mg IVPB STAT, then every 8hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose	Necrotizing Soft Tissue Infections: <input type="checkbox"/> Aztreonam 2gm IVPB STAT, then every 8hrs PLUS Clindamycin 900mg IVPB STAT, then every 8hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose
	Toxic Shock Syndrome: <input type="checkbox"/> Nafcillin 2gm IVPB STAT, then every 4hrs PLUS Clindamycin (CLEOCIN) 900mg IVPB STAT, then every 8hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose	Toxic Shock Syndrome: <input type="checkbox"/> Clindamycin 900mg IVPB STAT, then every 8hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose
Urinary	<input type="checkbox"/> Levofloxacin 750mg IVPB STAT, then every 24hrs	<input type="checkbox"/> Levofloxacin 750mg IVPB STAT, then every 24hrs
Neutropenic and/or unknown source	<input type="checkbox"/> Meropenem 1gm IVPB STAT, then every 8hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose	<input type="checkbox"/> Aztreonam 2gm IVPB STAT, then every 8hrs PLUS Vancomycin weight-based dose (see table below) First dose IVBP STAT, then Pharmacy to dose

Vancomycin Weight-Based Initial Dose Table

- 750mg for patients less than 50kg
- 1000mg for patients 50-70kg
- 1500mg for patients 71-100kg
- 2000mg for patients greater than 100kg

 Consult Pharmacy for antibiotic adjustments for renal and/or hepatic dysfunction

Physician Signature _____

Date _____ Time _____

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SEPSIS BUNDLE PART 2 - BEGIN IMMEDIATELY AFTER PART 1

Goals:	CVP greater than 8mmH ₂ O	ScvO ₂ greater than 70%	U/O greater than 0.5ml/kg/hr
	MAP greater than 65mmHg	Lactate less than 4mmol/l	

Intravenous Volume Management:

If MAP is less than 65mmHg after initial bolus

- Central venous triple lumen placement by Dr. _____
- IV fluid _____ @ _____ ml/hr
- Measure CVP now, then every 4 hrs and prn status change
- Arterial line placement by Dr. _____

Vasopressor Management:

- Norepinephrine** drip (range 2-30mcg/min). Titrate to maintain MAP greater than 65mmHg.
- If MAP remains less than 65mmHg, add: **Vasopressin** drip 0.03units/min.
- If MAP remains less than 65mmHg on above, add: **Dopamine** drip (range 5-20mcg/kg/min.). Titrate to maintain MAP greater than 65mmHg.
- If MAP remains less than 65mmHg on above and CVP is greater than 8, add: **Dobutamine** (range 5-20mcg/kg/min.). Titrate to maintain MAP greater than 65mmHg.

Other Considerations:

- Hydrocortisone** 100mg IV every 8hrs. (Consider if MAP less than 65mmHg.).
- Drotrecogin (Xigris) alfa**, 24mcg/kg/hr x 96 hrs. (Consider if Apache score greater than or equal to 25 and no contraindications.)
- If Blood Glucose greater than 150, start insulin drip by protocol.
- Cooling blanket prn temperature greater than 102.5.
- Please see admit orders

Physician Signature _____

Date _____ Time _____

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