Orders/Severe Sepsis/Septic Shock

Date/ Time	Orders **Phase I**	SEQ #	HUC Initials
	SIRS IS DEFINED AS TWO OR MORE OF THE FOLLOWING: 1. Temp >38C(100.4F), <36C(96.8) 2. Pulse >90 3. Resp Rate >20/min or PaCO2 <32 4. WBC >12K or <4K **SEPSIS IS DEFINED AS KNOWN OR SUSPECTED INFECTION + 2 OR MORE SIRS CRITERIA.** **SEVERE SEPSIS IS DEFINED AS:** the presence of sepsis and 1 or more organ dysfunctions. E.g. Lactic Acidosis: Lactate > 4.0 mmol/L **SEPTIC SHOCK IS DEFINED AS:** Acute circulatory failure unexplained by other causes. Hypotension (SBP <90 mmHg, MAP <60, or a reduction of SBP >40 mmHg from baseline, despite adequate volume resuscitation) ***** THESE PARAMETERS ARE GUIDELINES AND DO NOT SUPERSEDE CLINICAL JUDGEMENT *****		
	FOR SEVERE SEPSIS AND SEPTIC SHOCK:		
	Admit to ☐ SICU ☐ HICU ☐ CCU Doctor responsible for inpatient care:_____ (Recommend early notification) Place patient on oxygen and monitor Portable Chest X-Ray at: _____ (time/date)		
	Blood cultures x 2 peripheral sites, 15 minutes apart prior to antibiotic therapy ☐ Draw additional blood culture(s) from each pre-existing vascular access > 48 hrs Comprehensive Metabolic Panel, CBC with diff, Protime with INR, APTT and Lactate level Bacterial cultures from: ☐ Urine ☐ Sputum ☐ CSF ☐ Wound (Site_____) ☐ Random Cortisol ☐ Type and Screen		
	☐ DIC Screen ☐ Other		
	Establish: 2 large bore IVs (≥18 g.) or Central Line to be place per _____. (When Lactic Acid level >4 mmol/L or patient receiving vasopressors insert Central Line for CVP monitoring.)		
	Infuse 0.9% Normal Saline at 20cc/kg IBW/hr (up to 2 liters) until MAP >65 or CVP >12 **Ideal Body Weight (IBW) formula: Male: 50kg + 2.3kg per inch >60;** **Female: 45.5kg + 2.3kg per inch >60**		

	Evaluate CVP after each 500cc bolus given, then every 4 hours and notify physician.		
	For MAP <70 and CVP > 12 or 2 liters of NS infused begin vasopressors: ☐ Norepinephrine 5 – 40 mcg/min IVPB; titrate to effect. ☐ Dopamine at 5 – 20 mcg/kg/min IVPB; titrate to effect.		
	Establish an arterial line for pressure monitoring when vasopressors or inotropes are given.		
	If ScvO2 (mixed venous gas from SVC line) is < 70% or SvO2 (mixed venous gas from PA distal line) is <65% consider: ☐ Dobutamine at 2.5 – 10 mcg/kg/min IVPB ☐ Transfuse _____ units RBCs if Hgb is < 8 ☐ Transfuse _____ units RBCs if Hct is < 30		
	Consider cardiac function evaluation (PA line, ECHO, noninvasive cardiac output)		
	Vancomycin IV – 15 mg/kg (IBW) _____mg IVPB (further dosing as per pharmacy and ICU team) In addition, select one IV antibiotic from Column A and one IV antibiotic from Column B		
	Select one IV antibiotic from Column A and one IV form Column B – **Pharmacy to dose**: Column A ☐ Piperacillin/Tazobactam 3.375 grams IVPB ☐ Meropenem 1 gm IVPB ☐ Aztrenam 1 gm IVPB (give only if Penicillin or Cephalosporin allergy) Column B ☐ Tobramycin 2mg/kg IVPB_____ ☐ Ciprofloxin 400 mg IVPB (use only if renal insufficiency)		
	☐ Surgical Consult for abdominal sepsis/serious skin/soft tissue infection/injury. ☐ Consult surgeon: _____.		

Physician Signature: _____ **Date:** _____ **Time:** _____
RN Signature: _____ **Date:** _____ **Time:** _____
HUC Signatuare: _____ **Date:** _____ **Time:** _____
Order sent or Faxed to Pharmacy- Date/Time/Initial : _____/_____/_____

Phase II orders

	Organ dysfunction variables • Arterial hypoexemia (PaO2/FiO2 <300) • Acute Oliguria (urine output < 0.5 ml/kg/hr. or 45 mmol/L for at least 2 hrs. • Creatine increase >0.5 mg/dl • Coagulation abnormalities (INR >1.5 or PTT >60 sec.) • Ileus (absent bowel sounds) • Thrombocytopenia (platelet count <100,000) • Hyper bilirubinemia (plasma total biliruben >4mg/dl or 70 mmol/L **Tissue perfusion variables** • Hyperlactemia (>1 mmol/L) • ~~Decreased capillary refill or mottling~~ **Hemodynamic variables** • Arterial hypotension (SBP<90 mmHg, MAP <70, or a SBP decrease >40 mmHg) • SvO2 >70% • Cardiac Index >3.5L/min.		
	Admit to ☐ SICU ☐ HICU ☐ CCU Notify Intensivist of patient's arrival for orders as the above orders expire when patient arrives to the unit. Vital Signs per Protocol Place patient on the monitor. Post rhythm strips per protocol Keep SPO2 ≥ 92 % per Protocol		

	DVT Prophylasis Protocol Activity:_____ Diet: _____		
	Complete XIGRIS (droptrecogin alpha/Activated Protein C) Orders/PF01928 sheet. Assess for administration with attention to indications and contraindications. **XIGRIS ORDER FORM MUST BE COMPLETED.**		
	For diagnosis of **SEPTIC SHOCK ONLY.** **(Choose Option 1 or Option 2)** Option 1 ☐ Obtain baseline Cortisol level if not done in the ECC. ☐ Cortrosyn 0.25 mg IV push if not given in ECC. ☐ Obtain Cortisol level 1 hour after IV Cortrosyn administration if not done in the ECC. • Contact Physician when Cortisol level available. Option 2 ☐ Hydrocortisone 100 mg IV push 6 hrs.		
	Vancomycin IV – **Pharmacy to dose.** Height: _____ inches Weight :_____ kg Serum Creatinine: _____ mg/dl Is patient receiving dialysis: ☐ Yes ☐ No		
	• Vancomycin per Pharmacy dosing service ☐ Discontinue Vancomycin within 72 hrs. no organism is identified. ☐ Continue Vancomycin, organism identified		
	Continue antibiotics chosen from Column A and Column B as ordered from the ECC		
	For vented patients, maintain Lung Protective Ventilation: Vt=6cc/kg (IBW) IBW: Male: 50kg + 2.3kg per inch >60 Female: 45.5kg + 2.3kg per inch >60 Plateau Pressure < 30cmH2O		

Physician Signature: _____ **Date:** _____ **Time:** _____
RN Signature: _____ **Date:** _____ **Time:** _____
HUC Signatuare: _____ **Date:** _____ **Time:** _____
Order sent or Faxed to Pharmacy- Date/Time/Initial : _____/_____/_____