

Date Time	Physician Orders	Date Time	Medication Orders Only
	<input type="checkbox"/> = Physicians check all that apply ● = Standard order		Fluid Resuscitation <ul style="list-style-type: none"> ● IV Bolus (if not already done in ED): If SBP less than 90: <ul style="list-style-type: none"> OR Mean Arterial Pressure (MAP) less than 65: <ul style="list-style-type: none"> OR Lactic Acid greater than or equal to 4 mmol / L: <ul style="list-style-type: none"> Administer 30 mL / kg of 0.9% NaCl IV bolus at 999 mL / hr ● If SBP remains less than 90: <ul style="list-style-type: none"> OR Mean Arterial Pressure (MAP) less than 65 after first bolus completed: <ul style="list-style-type: none"> ● Notify physician and prepare for central line placement ● Maintenance Fluids: Initiate 0.9% NaCl IV at _____ mL / hr ● After initial 30 mL / kg fluid bolus, if SBP remains less than 90 (or MAP less than 65), initiate vasopressor as ordered below
	Monitoring <ul style="list-style-type: none"> ● Titrate supplemental oxygen to keep saturations greater than or equal to 90% <input type="checkbox"/> Insert central venous line per standard protocol ● If central line is placed, implement CVP monitoring within 2 hours. Notify physician if CVP less than 8 mmHg, or greater than 15 mmHg ● Monitor Mean Arterial Pressure (MAP) every hour. Notify physician if SBP less than 90, or the MAP is less than 65 ● Obtain blood pressure times 2 within 1 hour after bolus completion ● Notify physician and prepare for central line placement IF: <ul style="list-style-type: none"> ● SBP remains less than 90 after 30 mL / kg fluid bolus AND / OR ● Mean Arterial Pressure (MAP) less than 65 after 30 mL / kg fluid bolus AND / OR ● Lactic Acid is greater than 4 mmol / L ● Notify physician when 30 mL / kg bolus is complete for tissue reperfusion examination (sepsis exam) 		Vasopressors: <ul style="list-style-type: none"> <input type="checkbox"/> Norepinephrine (Levophed) IV 2 mcg / minute. Titrate between 2 and 20 mcg / minute (use lowest dose needed) to maintain SBP greater than 90 and MAP greater than 65 <input type="checkbox"/> If Norepinephrine (Levophed) unable to maintain SBP greater than 90 and MAP greater than 65 at maximum dose, start EPINEPHrine 2-10 mcg / minute (use lowest dose needed) continuous infusion and titrate to maintain SBP greater than 90 and MAP greater than 65. <input type="checkbox"/> Vasopressin 0.03 units / minute IV continuous infusion can be added if additional vasopressors required. When discontinued, taper off slowly by 0.01 units / minute every 30 minutes
	Diet <ul style="list-style-type: none"> <input type="checkbox"/> n.p.o. <input type="checkbox"/> Diet: _____ 		Additional Medications: <ul style="list-style-type: none"> <input type="checkbox"/> Hydrocortisone 200 mg per 24 hours continuous IV infusion only if intravenous fluids and vasopressors unable to restore hemodynamic stability. Taper slowly over 2 - 3 days after vasopressors D/C'd. <input type="checkbox"/> DOBUTamine up to 20 mcg / kg / minute to be administered or added to vasopressor in the presence of myocardial dysfunction or ongoing hypoperfusion despite adequate intravascular volume and MAP greater than 65
	Activity <ul style="list-style-type: none"> ● HOB elevated at least 30 degrees 		Antibiotics - First Dose STAT unless already given the ED Unknown OR Urinary / Intraabdominal Source: <ul style="list-style-type: none"> <input type="checkbox"/> Piperacillin / Tazobactam (Zosyn) 4.5 grams IVPB STAT and every 6 hours <input type="checkbox"/> For PCN allergy: Imipenem / Cilastatin (Primaxin) 500 mg IVPB STAT and every 6 hours
	Lab / Diagnostics <ul style="list-style-type: none"> ● Lactic Acid STAT (if not done in the last 6 hours) ● Lactic Acid to reflex at 3 hours if greater than 2 mmol / L ● STAT blood culture times 2 (obtain 1st set prior to ATB administration but DO NOT delay administration) If not done in the last 48 hours 		Respiratory (Streptococcus Pneumoniae suspected): <ul style="list-style-type: none"> <input type="checkbox"/> Ceftriaxone (Rocephin) 2 grams IVPB STAT and every 12 hours (admin 1st)
			AND Azithromycin (Zithromax) 500 mg IVPB STAT and daily
			Neutropenic patients and/or Pseudomonas Aeruginosa suspected: <ul style="list-style-type: none"> <input type="checkbox"/> Piperacillin / Tazobactam (Zosyn) 4.5 grams IVPB STAT and every 6 hours (admin 1st)
			For PCN allergy: substitute Imipenem / Cilastatin (Primaxin) 500 mg IVPB STAT and every 6 hours (admin 1st)
			AND Ciprofloxacin (Cipro) 400 mg IVPB STAT and every 12 hours
			If MRSA suspected, ADD THE FOLLOWING TO any of the above regimens: <ul style="list-style-type: none"> <input type="checkbox"/> Vancomycin 20 mg / kg _____ STAT, then pharmacy to dose per pharmacokinetics (cannot be given as monotherapy)

Physician signature: X _____

Date: _____

Time: _____

Please place patient label here


 Licking Memorial Hospital

**Physician Orders
 Severe Sepsis / Septic
 Shock - ICU**



1100-0167
 8/26/14, 2/29/2016