Date / Time	Physician Orders	Date / Time	Medication Orders Only
	☐ = **Physicians check all that apply** ● = **Standard order**		**Fluid Resuscitation**
	Monitoring ● Titrate supplemental oxygen to keep saturations greater than or equal to 90% ☐ Insert central venous line per standard protocol ● Obtain blood pressure times 2 within 1 hour after bolus completion ● Notify physician and prepare for central line placement IF: ● 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)		● Bolus (if not already done in ED): If SBP less than 90: **OR** Mean Arterial Pressure (MAP) less than 65: **OR** Lactic Acid greater than or equal to 4 mmol / L: Administer 30 mL / kg of 0.9% NaCl IV bolus at 999 mL / hr ● Maintenance Fluids: Initiate 0.9% NaCl IV at _____ mL / hr
	Diet ☐ *n.p.o.* ☐ Diet: _____		**Antibiotics - First Dose STAT unless already given the ED** ***Unknown OR Urinary / Intraabdominal Source:*** ☐ Piperacillin / Tazobactam (Zosyn) 4.5 grams IVPB STAT and every 6 hours ☐ *For PCN allergy:* Imipenem / Cilastatin (Primaxin) 500 mg IVPB STAT and every 6 hours ***Respiratory (Streptococcus Pneumoniae suspected):*** ☐ 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:*** ☐ 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:*** ☐ Vancomycin 20 mg / kg _____ STAT, then pharmacy to dose per pharmacokenetics *(cannot be given as monotherapy)*
	Lab / Diagnostics ● 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		

Physician signature:X_____ Date:_____ Time:_____

Please place patient label here

Licking Memorial Hospital

Physician Orders
Severe Sepsis
Non-ICU

1100-0301
2/29/2016