

MRN: _____
 Patient Name: _____
 (Patient Label)

**ADULT SEPSIS ORDER SET
 PHASE I (First 6 hours)**

Effective: _____

Patient Weight: _____ (Kg) **Allergies:** _____ **Creatinine:** _____

Antibiotics must be administered within 1-hour of sepsis identification. For adults with normal renal function:

SOURCE	PRIMARY THERAPY	IF ALLERGY OR PRIOR EXPOSURE
<p>UNKNOWN</p>	<p><input type="checkbox"/> Piperacillin/Tazobactam 3.375 g IV q 6 h OR <input type="checkbox"/> Cefepime 1 g IV q 8 h OR <input type="checkbox"/> Meropenem 1 g IV q 8 h ± <input type="checkbox"/> Vancomycin _____ mg (15 mg/kg/dose) IV q 12 h [Round to the nearest 250 mg; max.dose of 1500 mg] ± <input type="checkbox"/> Gentamicin extended interval _____ mg (7 mg/kg/dose) IV q 24 h</p>	<p><input type="checkbox"/> Aztreonam 2 g IV q 8 h OR <input type="checkbox"/> Levofloxacin 750 mg IV q 24 h ± <input type="checkbox"/> Vancomycin _____ mg (15 mg/kg/dose) IV q 12 h [Round to the nearest 250 mg; max.dose of 1500 mg] ± <input type="checkbox"/> Gentamicin extended interval _____ mg (7 mg/kg/dose) IV q 24 h</p>
<p>Abdomen</p>	<p><input type="checkbox"/> Piperacillin/Tazobactam 3.375 g IV q 6 h OR <input type="checkbox"/> Meropenem 1 g IV q 8 h OR <input type="checkbox"/> Ceftriaxone 1 g IV q 24 h AND Metronidazole 500 mg IV q 8 h ± <input type="checkbox"/> Vancomycin _____ mg (15 mg/kg/dose) IV q 12 h [Round to the nearest 250 mg; max.dose of 1500 mg]</p>	<p><input type="checkbox"/> Aztreonam 2 g IV q 8 h AND Metronidazole 500 mg IV q 8 h ± <input type="checkbox"/> Vancomycin _____ mg (15 mg/kg/dose) IV q 12 h [Round to the nearest 250 mg; max.dose of 1500 mg]</p>
<p>Community Acquired Pneumonia (CAP)</p>	<p><input type="checkbox"/> Ceftriaxone 1 g IV q 24 h AND Azithromycin 500 mg IV q 24 h</p>	<p><input type="checkbox"/> Levofloxacin 750 mg IV q 24 h AND Aztreonam 2 g IV q 8 h</p>
<p>Hospital Acquired Pneumonia (HAP)</p>	<p><input type="checkbox"/> Cefepime 1 g IV q 8 h OR <input type="checkbox"/> Piperacillin/Tazobactam 3.375 g IV q 6 h ± <input type="checkbox"/> Azithromycin 500 mg IV q 24 h ± <input type="checkbox"/> Vancomycin _____ mg (15 mg/kg/dose) IV q 12 h [Round to the nearest 250 mg; max.dose of 1500 mg]</p>	<p><input type="checkbox"/> Levofloxacin 750 mg IV q 24 h ± <input type="checkbox"/> Azithromycin 500 mg IV q 24 h ± <input type="checkbox"/> Gentamicin extended interval _____ mg (7 mg/kg/dose) IV q 24 h</p>
<p>Urinary Tract</p>	<p><input type="checkbox"/> Meropenem 1 g IV q 8 h OR <input type="checkbox"/> Ceftriaxone 1 g IV q 24 h</p>	<p><input type="checkbox"/> Ciprofloxacin 400 mg IV q 12 h OR ± <input type="checkbox"/> Gentamicin extended interval _____ mg (7 mg/kg/dose) IV q 24 h</p>
<p>Hematology/ Oncology</p>	<p><input type="checkbox"/> Meropenem 1 g IV q 8 h ± <input type="checkbox"/> Vancomycin _____ mg (15 mg/kg/dose) IV q 12 h [Round to the nearest 250 mg; max.dose of 1500 mg]</p>	<p><input type="checkbox"/> Aztreonam 2 g IV q 8 h ± <input type="checkbox"/> Vancomycin _____ mg (15 mg/kg/dose) IV q 12 h [Round to the nearest 250 mg; max.dose of 1500 mg]</p>

Telephone Order: Read back verified

MD Signature: _____ Date: _____ Time: _____ Pager: _____

RN Signature: _____ Date: _____ Time: _____

MRN: _____
 Patient Name: _____
 (Patient Label)

**ADULT SEPSIS ORDER SET
 PHASE I (First 6 hours)**

Effective: _____

Additional Antibiotics (include drug name, dose, route and frequency) : _____

NURSING INTERVENTIONS	<input checked="" type="checkbox"/> Insert IV saline lock if no Central line <input checked="" type="checkbox"/> Vital signs Q 15 min until specified by MD <input checked="" type="checkbox"/> Continuous cardiac and pulse ox monitoring <input checked="" type="checkbox"/> Monitor I&O (goal UO ≥ 0.5 mL/kg/hr) <input checked="" type="checkbox"/> O2 ____ via ____ to maintain SpO2 > 95% <input type="checkbox"/> Insert urinary catheter <input type="checkbox"/> Continuous CVP monitoring, if available
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INTRAVENOUS FLUIDS	<input type="checkbox"/> 0.9% Sodium Chloride OR <input type="checkbox"/> Lactated Ringers Bolus at least 20 ml/kg to achieve initial goal of fluid resuscitation; Bolus <input type="checkbox"/> 500 ml X ____ PRN OR <input type="checkbox"/> 1000 ml X ____ PRN until SBP > 90. If unable to maintain SBP > 90 after initial goal of fluid resuscitation, consider vasopressor therapy.
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VASOPRESSORS: <ul style="list-style-type: none"> • If unable to maintain SBP > 90, after fluid resuscitation • Consider Central line placement 	<input type="checkbox"/> Norepinephrine 8 mg/250 ml D5W-IV: Start at ____ mcg/kg/min and titrate by 0.05 – 0.1 mcg/kg/min q 5 min to a maximum of 1 mcg/kg/min to achieve: <input type="checkbox"/> SBP ≥ 90 <input type="checkbox"/> MAP ≥ 70 (via Central line only) <input type="checkbox"/> Dopamine 400 mg/250 ml D5W-IV: Start at: ____ mcg/kg/min. Titrate by 1-2 mcg/kg/min q 5 min to a maximum of 5 mcg/kg/min to achieve: <input type="checkbox"/> SBP ≥ 90 <input type="checkbox"/> MAP ≥ 70 (Pending Central line insertion. Once Central line available, collaborate with MD to transition from dopamine and to norepinephrine)
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STAT LABS, STAT TESTS, and CONSULT

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|---|--|--|
| <input type="checkbox"/> ABG | <input type="checkbox"/> Troponin, CPK Total with CKMB | <input type="checkbox"/> Sputum Culture |
| <input type="checkbox"/> VBG | <input type="checkbox"/> Type and Screen for 2 units PRBC | <input checked="" type="checkbox"/> UA with microscopic exam |
| <input checked="" type="checkbox"/> CBC, PT/INR | <input checked="" type="checkbox"/> CXR (Portable) Indication: _____ | <input checked="" type="checkbox"/> Urine Culture |
| <input type="checkbox"/> BMP | <input type="checkbox"/> EKG | <input type="checkbox"/> Additional Cultures: _____ |
| <input checked="" type="checkbox"/> Lactate | <input type="checkbox"/> Other: _____ | |

Blood Cultures x 2 (one percutaneous, one from line; label source) **prior to antibiotic administration, whenever possible.**

Note: Consider ID Consult for all patients with Sepsis

Telephone Order: Read back verified

MD Signature: _____ Date: _____ Time: _____ Pager: _____

RN Signature: _____ Date: _____ Time: _____