### Physician Orders

**Monitoring**
- Titrate supplemental oxygen to keep saturations greater than or equal to 90%.
- Insert central venous line per standard protocol.
- If central line is placed, implement CVP monitoring within 2 hours. Notify physician if CVP less than 90, or the MAP is less than 65.
- 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:
  - SBP remains less than 90 after 30 mL / kg fluid bolus.
  - Mean Arterial Pressure (MAP) less than 65 after 30 mL / kg fluid bolus.
  - Lactic Acid is greater than or equal to 4 mmol / L.

**Diet**
- n.p.o.
- Diet: _____________________________________

**Activity**
- HOB elevated at least 30 degrees

**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.

### Medication Orders Only

#### Fluid Resuscitation
- IV 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
- If SBP remains less than 90:
  - OR
  - Mean Arterial Pressure (MAP) less than 65 after first bolus completed:
    - 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.

#### Vasopressors:
- 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.
- 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.
- 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.

#### Additional Medications:
- 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.
- 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.

#### 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).
- 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).

**If MRSA suspected, ADD THE FOLLOWING TO any of the above regimens:**
- Vancomycin 20 mg / kg STAT, then pharmacy to dose per pharmacokinetics (cannot be given as monotherapy).

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Physician signature: X ____________________________
Date: __________  Time: __________