**Physician Orders**

- **Monitoring**
  - Titrate supplemental oxygen to keep saturations greater than or equal to 90%
  - Place 2 large bore IVs (minimum 18 gauge and not to include triple lumen CVC)
  - Begin fluid resuscitation
  - Foley catheter if needed
  - Vital signs per ED policy
  - Obtain blood pressure times 2 within 1 hour after bolus completion
  - Notify physician when 30 mL/kg bolus is complete for tissue reperfusion examination (sepsis exam)

- **Diet**
  - n.p.o.

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

- **Lab / Diagnostics**
  - Bilirubin, total
  - STAT CBC with diff
  - STAT Basic metabolic panel (BMP)
  - STAT Liver Hepatic Panel (LIV)
  - STAT Lactic acid
  - STAT Venous blood gas
  - STAT Blood culture times 2 (obtain prior to ATB administration but do not delay ATB administration)
  - STAT Wound culture if appropriate
  - STAT C. Diff Toxin A & B, if diarrhea
  - STAT SaO2 (O2 to keep SaO2 greater than 92%)
  - STAT PT / INR, aPPT
  - STAT Urinalysis and culture
  - STAT Portable CXR
  - Lactic Acid to reflex at 3 hours if initial result greater than 2 mmol / L
  - Activate Sepsis Alert upon positive screening

- **Fluid Resuscitation**
  - IV Bolus: If SBP less than 90:
    - Mean Arterial Pressure (MAP) less than 65:
    - Lactic Acid greater than or equal to 4 mmol / L:
      - Administer 30 mL / kg of 0.9% NaCl IV bolus over _____ mins (full administration cannot exceed 180 minutes after identification of septic shock).
  - If SBP remains less than 90:
    - 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 STAT
  - After initial 30 mL/kg fluid bolus, if SBP remains less than 90 (or MAP less than 65), initiate vasopressor as ordered below.

- **Vasopressors**: (if patient fails to respond to fluid resuscitation as above)
  - 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 vaspressors 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 - Administer STAT (within 1 hour of recognition)**
  - **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 pharmacokinetics (cannot be given as monotherapy)

**Physician Orders**

- **Physician Orders Only**

- **Medication Orders Only**

- **Please place patient label here**

**Physician Orders**

- **Code Sepsis - ED**

**Licking Memorial Hospital**

1100-0245

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