



PHYSICIAN'S ORDERS

ORDERED		SEVERE SEPSIS / SHOCK ORDERS	Page 1 of 3	OR _____
Date	Time			
		Admit to CCU: Physician:		
		Diagnosis: Sepsis		
		Consult:		
		NURSING INTERVENTIONS:		
		Vital Signs per CCU routine		
		Foley catheter to gravity		
		Activity: Bedrest, rotation tram in use		
		Diet: NPO or:		
		Strict I & Os; Daily Weights (kgs)		
		2 large bore INTs; or Triple Lumen catheter if possible		
		RESPIRATORY:		
		Consult Respiratory Therapy to assess and intervene		
		O2 to maintain O2 saturations > 92%		
		TESTING: IF NOT DONE IN ER:		
		Blood culture x 2 sites, 15 minutes apart, NOW		
		DIC profile NOW		
		Urinalysis, Urine Culture/Sensitivity, Sputum for gram stain/C & S		
		CMP, CBC, Magnesium, PT/PTT, Serum Lactate, DIC Profile, Anti XA, ABG every AM		
		Portable CXR		
		MEDICATIONS:		
		Accuchecks every 4 hours		
		If blood sugar > 125, start Regular Insulin per protocol: <input type="checkbox"/> Renal Failure (ESRD)		
		<input type="checkbox"/> Standard <input type="checkbox"/> Intensive		
		Tylenol 650 mg po or per rectum every 4 hours PRN Temp > _____ (max of 4 GM/day)		
		Physician Signature: _____		
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		MEDICATIONS:		
		Antibiotic: administer within one hour of ordering		
		<input type="checkbox"/> Vancomycin 1 gm IVPB NOW (then Pharmacy to dose) plus one of the following:		
		<input type="checkbox"/> Ceftriaxone 2 gm IVPB q 24 h		
		<input type="checkbox"/> Piperacillin-tazobactam (Zosyn)* _____ gm IVPB q _____ h (complete dose/frequency)		
		<input type="checkbox"/> Imipenem/cilastatin* _____ mg IVPB q _____ h (complete dose/frequency)		
		<input type="checkbox"/> Other:		
		If Pseudomonas suspected add another one of the following:		
		<input type="checkbox"/> Gentamicin or <input type="checkbox"/> Tobramycin (Pharmacy to dose)		
		<input type="checkbox"/> Ceftazidime* 2 gm IVPB q 8 h		
		<input type="checkbox"/> Levofloxacin* 500 mg IVPB q 24 h		
		*Pharmacy to adjust dose for renal function		
		Initial resuscitation goals – First 4 hours after admission, notify physician of any of following:		
		– CVP < 8 (TLC recommended if elevated lactate or no response to fluid)		
		– MAP < 65 (Consider Vasopressors and / or more IV fluids)		
		– Urine Output < 0.5 ml/kg/hour (Consider Vasopressors and / or more IV fluids)		
		(consider transfusing if HCT < 30; if CVP < 8, consider IVFs; if CVP > 8 and HCT > 30, consider vasopressors)		
		IVF – Give NS at 500 ml every 30 minutes until initial resuscitation goals met or for a total of _____ liters		
		If MAP remains < 65, start:		
		<input type="checkbox"/> Levophed 2 mcg/min IV, titrate to keep MAP > 65, max dose 20 mcg/min		
		<input type="checkbox"/> Dopamine 5 mcg/kg/min IV, titrate to keep MAP > 65, max dose 20 mcg/kg/min		
		<input type="checkbox"/> Add Vasopressin if B/P remains low on high dose of Dopamine & Levophed – start 0.02 units/minute IV		
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		<input type="checkbox"/> Cosyntropin Stimulation Test:		
		Serum Cortisol level now		
		Give Cosyntropin 250 mcg IV immediately after level drawn		
		Repeat serum cortisol level exactly 45 minutes after cosyntropin given		
		PROPHYLAXIS:		
		DVT Prophylaxis:		
		<input type="checkbox"/> Already ordered		
		<input type="checkbox"/> Lovenox 40 mg sq every 24 hours; hold if Xigris started		
		<input type="checkbox"/> Heparin 5000 units sq every 8 hours; hold if Xigris started		
		<input type="checkbox"/> Fondaparinux (Arixtra) 2.5 mg daily sq		
		<input type="checkbox"/> SCDs to lower extremities		
		Stress Ulcer Prophylaxis:		
		<input type="checkbox"/> Already ordered		
		<input type="checkbox"/> Famotidine 20 mg IV or PO or Feeding Tube every 12 hours (circle route)		
		<input type="checkbox"/> Pantoprazole 40 mg IV or PO once daily (circle route)		
		<input type="checkbox"/> Lansoprazole 30 mg via feeding tube once daily		
		<input type="checkbox"/> Other:		
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