

PHYSICIAN'S ORDERS

Severe Sepsis/Septic Shock Protocol – ED/ICU Only

Center Patient Admission
Label Here

Another brand of drug identical in form and
content may be dispensed unless checked. ☐

Drug Allergies:

SIRS criteria:

- ☐ Temp equal to or greater than 100.9°F (38.3°C) or less than 96.8°F (36°C)
☐ HR greater than 90 Beats per minute
☐ RR greater than 20 breaths per minute (or PaCO₂ less than 32 torr)
☐ WBC greater than 12,000/mm³ or less than 4,000/mm³, (Bands ≥ 10% on manual diffs)

**Severe Sepsis/
Septic Shock
Criteria:**

2 or more SIRS criteria + the following:

- Plus: ☐ **Severe:** Organ dysfunction (↓ output, BP, MAP, platelets; ↑ Creatinine, bilirubin, INR, lactate)
☐ **Severe:** Source of infection _____ or ☐ Site unknown
☐ **Severe:** Lactate > 2mmol/L
☐ **Shock:** Lactate > 4mmol/L, MAP < 65, SBP < 90 mmHg after initial fluid resuscitation

If Severe Sepsis or Septic Shock criteria met, insert Central Line and initiate the following:

**Additional
Orders**

☐ **Mechanical Ventilation Sepsis Guidelines**

1. Attempt HFNC or NIV only if patient is hemodynamically stable, if unsuccessful initiate Mechanical Ventilation utilizing the following parameters;
2. Vt 6ml/kg PBW
3. Measure plateau pressure to maintain ≤ 30 cmH₂O Q4hrs, if >30cmH₂O decrease VT by 1ml/kg PBW (min 4ml/kg PBW)
4. Use caution if MAP is <65mmhg, if decrease in MAP with increase in peep return peep to previous setting.

FI02	0.3	0.4	0.4	0.5	0.5	0.6	0.7	0.7	0.7	0.8	0.9	0.9	0.9	1.0
Peep	5	5	8	8	10	10	10	12	14	14	14	16	18	20-24

Labs/Tests

- ☐ **STAT (if not done in ED, cross off any test that are not needed):** ABG with Lactate, Blood Culture x 2 sets, CBC with Auto Diff, CMP, CPK, PT, PTT, Urinalysis, Urine C+S, Sputum C+S, CXR
☐ Other _____

<3 hours

- ☐ NS at 30ml/kg as a bolus or ☐ LR at 30 ml/kg as a bolus
☐ IV Fluids _____
☐ Consult _____ to insert central venous catheter if not done in ED (Subclavian or IJ), then
☐ **initiate CVP monitoring and document every _____ hour(s)**

If CVP less than 8 mmHg infuse:

- ☐ NS at _____ ml/hr ☐ LR at _____ ml/hr ☐ _____
☐ Consult _____ to insert arterial line
☐ Consult Pulmonology
☐ other consults _____

Antibiotics: (must be administered within 2 hours of ED arrival or 1hour of transfer to ICU)

Review Selection Guide attached:

- ☐ Administer: _____
☐ Administer: _____

Conway Medical Center
Conway, South Carolina

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**Early Goal
Directed
Therapy
(within 6 hours)**

Once CVP >8 , if MAP less than 65 mmHg:

- ☐ Repeat ABG Lactate Level after initial treatment (6 hours)
- ☐ start Norepinephrine at _____ mcg/min and titrate to MAP greater than 65 mmHg (titrate per protocol)
- ☐ Vasopressin 0.04 units/minute (2.4 units/hour = 6 ml/hr for standard concentration of 0.4 units/ml if hypotension persists despite CVP \geq 10 and Norepinephrine >5 mcg/minute. (Do not use Vasopressin alone)

**After 1 hour of
starting
pressors if MAP
is less than 65**

- ☐ Draw ScvO₂ and call physician.

*****Wean Dobutamine to off if HR greater than 120 beats/minute*****

Physician Signature

____/____/_____
Date

Time

Severe Sepsis/Septic Shock Antimicrobial Selection

Drug Allergies:

Suspected Source of Infection:

- | | | |
|---|---|--|
| <input type="checkbox"/> Community Acquired Pneumonia | <input type="checkbox"/> Healthcare Acquired Pneumonia* | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Skin/Soft Tissue Infection | <input type="checkbox"/> Intra-abdominal Infection | <input type="checkbox"/> Neutropenic Fever |
| <input type="checkbox"/> Unknown Source | <input type="checkbox"/> Candidemia** | <input type="checkbox"/> Other: _____ |

* Healthcare Acquired Pneumonia: Patients who have been hospitalized within last 90 days, coming from long term care (nursing home), or with chronic renal failure (i.e. dialysis)

** Risk factors for fungemia: Hickman catheters, gastric acid suppressants, ICU admission, nasogastric tube and administration of antibiotics, recent history of TPN use

Antibiotic Treatment

Community Acquired Pneumonia:

- ☐ Ceftriaxone (Rocephin) 1 gm IV q24hrs and Azithromycin (Zithromax) 500 mg IV q24hrs
- ☐ **Levofloxacin (Levaquin) 750 mg IV q24hrs and Ceftriaxone (Rocephin) 1 gm IV q24hrs**

Healthcare Acquired Pneumonia:

- ☐ Piperacillin/Tazobactam (Zosyn) 4.5 gm IV then dosing per protocol and Levofloxacin (Levaquin) 750mg IV q24hrs and Linezolid (Zyvox) 600 mg IV q12hrs
- ☐ Piperacillin/Tazobactam (Zosyn) 4.5 gm IV then dosing per protocol and Tobramycin (Nebcin) 7 mg/kg IV then pharmacy to dose and Linezolid (Zyvox) 600 mg IV q12hrs

Urinary Tract Infection:

- Uncomplicated:** ☐ Ceftriaxone (Rocephin) 1 gm IV q24hrs
- Complicated:** ☐ Cefepime (Maxipime) 1 gm IV q12hrs

Skin/Soft Tissue Infection:

- ☐ Vancomycin 20 mg/kg IV then pharmacy to dose **AND** Piperacillin-Tazobactam (Zosyn) 4.5 gm IV then dosing per protocol

- Neutropenic Fever:** ☐ Cefepime (Maxipime) 2 gm IV q8hrs

Intra-abdominal Infection:

- ☐ Cefepime (Maxipime) 2 gm IV q8hrs and Metronidazole (Flagyl) 500 mg IV q8hrs
- ☐ Piperacillin-Tazobactam (Zosyn) 4.5 gm IV then dosing per protocol

Candidemia:

- ☐ Fluconazole 400 mg IV q24hrs (Antifungals alone are not acceptable treatment for Sepsis and must be used in combination with acceptable antibiotic therapy)

Unknown Source:

- ☐ Piperacillin/Tazobactam (Zosyn) 4.5 gm IV then dosing per protocol and Levofloxacin (Levaquin) 750mg IV q24hrs and Vancomycin 20 mg/kg IV then pharmacy to dose

☒ Administer Influenza Vaccine per Protocol

☒ Pharmacy to adjust medications for renal function

Physician Signature

____/____/____
Date

Time