

**SEPSIS DEFINITION:**Suspected infectious process with  $\geq 2$  SIRS criteria (Systemic Inflammatory Response Syndrome):

- ✓ Temp  $\geq 100.4^{\circ}\text{F}$
- ✓ Heart rate  $\geq 90$
- ✓ Respiratory rate  $\geq 20$
- ✓ WBC  $> 12.0$ ,  $< 4.0$  or  $> 10\%$  bands

Utilize the Mission Sepsis Screening Tool to assess patient. If patient has an initial positive sepsis screen, initiate the following:

(Note: if the patient has a history of cardiomyopathy with low ejection fraction, end stage liver disease, pulmonary edema, or chronic renal failure, the resuscitation plan needs to be adjusted accordingly by the MD)

☐ **Severe Sepsis:** Sepsis associated with  $\geq 1$  organ dysfunction and/or Lactic Acid  $> 4$  mmol/L☐ **Septic Shock:** Sepsis with hypotension (SBP  $< 90$  or MAP  $< 65$ ), despite fluid resuscitation of 20-40 mL/kg**ADMIT TO:****DIAGNOSIS:****ALLERGIES:**☐ NKA or \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_**CODE STATUS:**☐ Full Code ☐ See DNR order sheet**NUTRITION:**☐ NPO ☐ Ice chips ☐ Clear Liquids ☐ Regular Diet or:**LAB, DIAGNOSTIC  
AND IMAGING:**

- ✓ Lactic Acid level STAT and q 6 hours x 24 hours then q days x 2. If  $> 2.2$ , continue q 6 h until  $\leq 2.2$  for two consecutive draws
- ✓ CBC with **manual** differential STAT and q AM x 3 days
- ✓ CMP, Magnesium, Phosphorus STAT
- ✓ DIC Screen (PT, PTT, INR, D-Dimer) STAT
- ✓ Type and Screen
- ✓ BMP STAT and q am x 3 days
- ✓ ABG prn respiratory distress if not already done
- ✓ Chest xray daily x \_\_\_\_\_
- ☐ Procalcitonin
- ☐ Nutrition labs (CMP, Magnesium, Phos, Triglycerides, Prealbumin)
- ☐ Cardiac enzymes q \_\_\_\_\_ hours x 3 or \_\_\_\_\_
- ☐ Echocardiogram with Doppler
- ☐ Ultrasound – type & reason: \_\_\_\_\_
- ☐ CT Scan – type & reason: \_\_\_\_\_
- ☐ Contrast ☐ IV or ☐ PO
- ☐ Other tests: \_\_\_\_\_
- ☐ Other tests: \_\_\_\_\_
- ☐ Other tests: \_\_\_\_\_
- ✓ **If not done in the past 48 hours:**
- ☐ Blood Culture x 2 different sites (peripheral and central line if available)
- ☐ Urinalysis Gram Stain, C&S
- ☐ Sputum Gram Stain, C&S
- ☐ Wound Gram Stain, C&S
- ☐ CSF Gram Stain, C&S

**NURSING CARE:**

- ✓ Call Intensivist if:
  - Temp  $> 102^{\circ}\text{F}$  or  $< 95^{\circ}\text{F}$  or \_\_\_\_\_
  - HR  $> 120$  or  $< 60$  or \_\_\_\_\_
  - SBP  $> 150$  or  $< 90$  or \_\_\_\_\_
  - RR  $> 30$  or  $< 8$  or \_\_\_\_\_
  - O2 sat  $< 92\%$  or \_\_\_\_\_
  - Urine output  $< 0.5$  ml/kg/hr or \_\_\_\_\_

		Entered By		Date	Time
Physician Signature		Date	Time	Noted By	Date Time
Print Name		PATIENT I.D. AREA – DO NOT WRITE IN THIS SPACE			

**CRITICAL CARE SEPSIS ORDERS**

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<b>NURSING CARE:</b> (cont'd)	<input checked="" type="checkbox"/> Vital signs and neuro checks per CICU/SICU standard of care
	<input checked="" type="checkbox"/> Foley catheter
	<input type="checkbox"/> Gastric tube to low suction irrigate to maintain patency
<b>MEDICATIONS:</b>	<input type="checkbox"/> <b>Empiric Antibiotics Based Upon Source of Infection (from Mission Hospital's 2007 Antibigram):</b>
	<input checked="" type="checkbox"/> Give first dose of antibiotics STAT but after blood cultures obtained (do not delay antibiotics > 30 minutes while awaiting blood cultures) Empiric antibiotics should NOT be continued beyond 72 hours without C&S to justify the antibiotics or an infectious disease evaluation.
	<b>Abdominal, Lung, Gynecologic, Skin, Soft Tissue or Unknown Source of Sepsis:</b>
	1. <input type="checkbox"/> Vancomycin 1 gram IVPB q 12 hours <b>OR</b>
	<input type="checkbox"/> Vancomycin per Pharmacy
	2. <input type="checkbox"/> Imipenem (Primaxin) 500mg IVPB q 6 hr (renal dosage adjustment per Pharmacy)
	<b>If Penicillin allergic, replace Imipenem with</b>
	<input type="checkbox"/> Tobramycin per pharmacy <b>AND</b>
	Metronidazole (Flagyl) 500mg IVPB q 8 hours
	<b>Community Acquired Pneumonia (in addition to above antibiotics):</b>
	1. <input type="checkbox"/> Azithromycin (Zithromax) 500mg IVPB q 24 hours
	<b>Genitourinary (Renal/Bladder/Prostate):</b>
	1. <input type="checkbox"/> Vancomycin 1 gram IVPB q 12 hours <b>OR</b>
	<input type="checkbox"/> Vancomycin per Pharmacy
	2. <input type="checkbox"/> Imipenem (Primaxin) 500mg IVPB q 6 hr (renal dosage adjustment per Pharmacy)
	<b>If Penicillin allergic, replace Imipenem with</b>
	<input type="checkbox"/> Tobramycin per pharmacy
	<b>Central Nervous System:</b>
	1. <input type="checkbox"/> Vancomycin 1 gram IVPB q 12 hours <b>OR</b>
	<input type="checkbox"/> Vancomycin per Pharmacy
	2. <input type="checkbox"/> Imipenem (Primaxin) 500mg IVPB q 6 hr (renal dosage adjustment per Pharmacy)
	<b>If Penicillin allergic, replace Imipenem with</b>
	<input type="checkbox"/> Chloramphenicol 500mg IVPB q 6 hours
<b>OTHER ANTIBIOTICS:</b>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<b>SEDATION &amp; ANALGESIA:</b>	
<input type="checkbox"/> If on mechanical ventilator, institute sedation protocol including lighten sedation q 24 hours	
<input type="checkbox"/> Morphine _____ mg (usual dose 2-4 mg) IV q _____ hours prn moderate/severe pain	
<input type="checkbox"/> Hydromorphone (Dilaudid) _____ mg (usual dose 0.2-0.6 mg) IV q _____ hours prn moderate/severe pain	
<input type="checkbox"/> Lorazepam (Ativan) _____ mg IV q _____ hours prn <b>OR</b> <input type="checkbox"/> Infusion 0.01-0.05 mg/kg/hr; titrate for sedation	
<input type="checkbox"/> Midazolam (Versed) _____ mg IV q _____ hours prn <b>OR</b> <input type="checkbox"/> Infusion 0.02-0.1 mg/kg/hr; titrate for sedation	
<input type="checkbox"/>	
<input type="checkbox"/>	
<b>OTHER MEDICATIONS:</b>	
<input checked="" type="checkbox"/> Accucheck q 6 hours x 2. If blood glucose > 150mg/dl, initiate insulin orders "Intensive Insulin Drip Orders for Critical Care"	
<input checked="" type="checkbox"/> Initiate "Potassium Chloride Sliding Scale Orders for ICU/CICU" (ONLY if serum creatinine < 1.8 mg/dL)	
<input checked="" type="checkbox"/> Acetaminophen (Tylenol) 650mg PO/PR/NGT every 4 hrs PRN temperature > 101.5° F	
<input checked="" type="checkbox"/> Docusate (Colace) 100mg PO/NGT q 12 hrs	
<input type="checkbox"/> Hydrocortisone 50mg IVP every 6 hrs x 7 days	

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**CRITICAL CARE SEPSIS ORDERS**

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<b>OTHER MEDICATIONS (cont'd):</b>	<input type="checkbox"/> Ondansetron (Zofran) 4mg IV push q 8 hours prn nausea or vomiting <input type="checkbox"/> Bisacodyl (Dulcolox) 10mg supp PR q day prn constipation <input type="checkbox"/> MOM 30ml PO q day prn constipation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>DVT PROPHYLAXIS:</b>	Pharmacologic: <input type="checkbox"/> Heparin 5,000 units SQ every 8 hours with platelet count every third day x 3. Hold heparin if platelet count < 100,000 and call MD. (Preferred if creatinine clearance < 30 ml/min) <input type="checkbox"/> Fondaparinux (Arixtra) 2.5 mg SQ q 24 hrs. (Not recommended if creatinine clearance < 30 ml/min or wt < 50kg). Hold if platelet count < 100,000 and call MD <input type="checkbox"/> Enoxaparin (Lovenox) 40mg SQ every 24 hours with platelet count every third day x 3. Hold Enoxaparin if platelet count < 100,000 and call MD. *Pharmacy to adjust dose if renal dysfunction. Non-pharmacologic: <input checked="" type="checkbox"/> TED hose and Sequential Compression Devices
<b>STRESS ULCER PROPHYLAXIS:</b>	<input type="checkbox"/> Pantoprazole (Protonix) 40mg PO or IV push every 24 hours <input type="checkbox"/> Famotidine (Pepcid) 20mg PO or IV push every 12 hours
<b>HEMODYNAMIC MONITORING:</b>	<input type="checkbox"/> Prepare for triple lumen central line placement. Have Vascular Access consent form available for physician <b>For patients with a central line: Follow the algorithm in conjunction with resuscitation endpoints below</b> <b>Central Venous Pressure (CVP) – Preload:</b> <input checked="" type="checkbox"/> If CVP < 8mmHg (non-ventilated) or < 12 (ventilated), initiate IV fluids wide open with: <input type="checkbox"/> Normal Saline 500ml IV bolus <input type="checkbox"/> 5% Albumin 250ml IV <input type="checkbox"/> Alternate Normal Saline/Albumin with ratio of _____ <input checked="" type="checkbox"/> Repeat every 20-30 minutes to maintain CVP 8-12 if not ventilated, or CVP 12-15 if ventilated, even if MAP is > 65 <input checked="" type="checkbox"/> Maintenance IV Normal Saline at 150 ml/hr or _____ <b>Mean Arterial Pressure (MAP) – Afterload:</b> <input checked="" type="checkbox"/> Initiate vasopressors prn MAP < 65 or SBP < 90. *Notify Intensivist. Continue fluid resuscitation and wean pressors early. ONLY infuse via central line <input type="checkbox"/> Norepinephrine 2 - 20 mcg/min continuous IV drip <input type="checkbox"/> Dopamine 5 - 20 mcg/kg/min continuous IV drip <input type="checkbox"/> Vasopressin 0.04 unit/min continuous IV drip (not titrated, use as adjunct to other catecholamines) <input type="checkbox"/> Other: _____ <b>Central Venous O<sub>2</sub> Sat (ScvO<sub>2</sub>) or SvO<sub>2</sub> – Oxygen debt:</b> <input type="checkbox"/> PA catheter with continuous SvO <sub>2</sub> monitoring (goal > 65%) Recalibrate SvO <sub>2</sub> every morning <input type="checkbox"/> CVP – Draw an ABG from the distal tip for an ScvO <sub>2</sub> q 6 hours until goal met (> 70%) <input type="checkbox"/> Transfuse 1 unit of PRBC's if all 3 parameters are present: • CVP ≥ 8 (non-ventilated) or CVP ≥ 12 (ventilated) • SvO <sub>2</sub> < 65% or ScvO <sub>2</sub> < 70% • HCT < 30 • Notify intensivist and obtain blood consent <input checked="" type="checkbox"/> Notify Intensivist for further orders if all 3 parameters are present: • CVP ≥ 8 (non-ventilated) or CVP ≥ 12 (ventilated) • SvO <sub>2</sub> < 65% or ScvO <sub>2</sub> < 70% • Hct ≥ 30

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**CRITICAL CARE SEPSIS ORDERS**  
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HEALTH SYSTEM		27700 MEDICAL CENTER ROAD, MISSION VIEJO, CALIF. 92691				
<b>HEMODYNAMIC MONITORING</b> (cont'd)	<b>For patients without a central line: Utilize resuscitation endpoints</b>					
	<input checked="" type="checkbox"/> Initiate IV fluids wide open with: <input type="checkbox"/> Normal Saline 500ml IV bolus, MR X _____ <input type="checkbox"/> 5% Albumin 250ml IV, MR X _____					
	<input checked="" type="checkbox"/> Repeat above resuscitation until the following endpoint is met (call MD if patient develops respiratory distress): <input checked="" type="checkbox"/> Lactic acid q 6 hours x 24 hours then q day x 2. If > 2.2, continue q 6 h until ≤ 2.2 for two consecutive draws <input checked="" type="checkbox"/> Maintenance IV Normal Saline at 150 ml/hr or _____					
<b>GOALS FOR RESUSCITATION ENDPOINTS:</b>	<input checked="" type="checkbox"/> Lactic Acid Level ≤ 2.2 <input checked="" type="checkbox"/> UO > 0.5 ml/kg/hr <input checked="" type="checkbox"/> Base deficit -2 to +2 <input checked="" type="checkbox"/> HCO <sub>3</sub> > 22 on ABG or CO <sub>2</sub> > 22 on BMP <input checked="" type="checkbox"/> Anion gap < 15 <input checked="" type="checkbox"/> Decreasing HR, preferably < 90-100					
<b>RESPIRATORY CARE:</b>	<input checked="" type="checkbox"/> Oxygen therapy to maintain SpO <sub>2</sub> ≥ to 92% or _____ <input checked="" type="checkbox"/> No BIPAP if diagnosis of pneumonia (contraindicated) <input type="checkbox"/> Respiratory Treatments: _____ <input type="checkbox"/> Mechanical Ventilation Mode <input type="checkbox"/> AC = _____ BPM <input type="checkbox"/> SIMV = _____ BPM <input type="checkbox"/> Other = _____ BPM					
	FiO <sub>2</sub> = _____ % to maintain SpO <sub>2</sub> _____ %					
	Vt = _____ ml					
	Peep = _____					
	Other _____					
	Other _____					
	Other _____					
	<input checked="" type="checkbox"/> Daily ABG's while on ventilator <input checked="" type="checkbox"/> Daily PCXR while on ventilator <input checked="" type="checkbox"/> Daily ventilator weaning parameters <input checked="" type="checkbox"/> <b>Ventilator Protocol:</b> HOB 30 degrees, oral care every 2 hours, turn every 2 hours, lighten sedation daily per sedation protocol, empty condensation from ventilator tubing					
	<b>SCREEN FOR DROTRCOGIN ALFA (ACTIVATED) -XIGRIS NEED:</b>	Screen for Drotrecogin Alfa (activated) - Xigris need within 24 hours of admission. (Physician to complete page 1 of the Xigris Order Sheet). If Xigris is deemed necessary, physician is to complete page 2 of order sheet to initiate Xigris. Patients not deemed appropriate for Xigris therapy upon initial screen should be assessed periodically until stable for potential later need for Xigris.				
For APACHE II Calculation, go to the following web site: <a href="http://www.sfar.org/scores2/apache22.html">http://www.sfar.org/scores2/apache22.html</a>						
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## ED SEPSIS NURSING EVALUATION CHECKLIST TOOL

How do I use this tool? Please check each box for the care that you provide to this patient. It is of the upmost importance that you use this checklist not only as a guide to anticipatory care, but also for data collection for our sepsis efforts.

You may page Teri Arruda, pager 870, for any questions or concerns.

<p><b><u>Systemic Inflammatory Response Syndrome (SIRS):</u></b>          Manifested by two or more of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Temperature &gt;38°C (100.9°F) or &lt;36°C (96.8°F)</li> <li><input type="checkbox"/> Heart rate &gt;90 beats/min</li> <li><input type="checkbox"/> Respiratory rate &gt;20 breaths/min or PaCO<sub>2</sub> &lt;32 mmHg</li> <li><input type="checkbox"/> WBC &gt; 12,000 cells/mm<sup>3</sup>, &lt;4000 cells/mm<sup>3</sup> or &gt;10% bands</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Sepsis:</b> SIRS with a suspected or documented infection.</li> <li><input type="checkbox"/> <b>Severe Sepsis:</b> Sepsis associated with ≥ 1 organ dysfunction, or hypoperfusion (lactate &gt; 4 mmol/L) <b>Call Code Sepsis</b></li> <li><input type="checkbox"/> <b>Septic Shock:</b> Sepsis with hypotension (BP &lt; 90/60), despite a fluid bolus of 20 mL/kg ) <b>Call Code Sepsis</b></li> </ul>
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**The sepsis bundle** (proven interventions that done in the *Golden Hour* that make a significance difference in patient comes)

- ☐ Cardiac Monitoring
- ☐ Pulse oximetry
- ☐ Supplemental oxygen to keep saturation > 92%
- ☐ Obtain core temp unless oral temp is > 100.9 °
- ☐ Sepsis panel( blood culture x 2 from two different sites,
- ☐ Lactate (draw in grey tube on ice) **Time Sent** \_\_\_\_\_
- ☐ CBC with differential, comprehensive metabolic panel, glucose, Pt/PTT, D-dimer, Troponin I, Time \_\_\_\_\_
- ☐ Urine culture, urinalysis
- ☐ Fluids via 18 gauge access to administer NS 500ml bolus if hypotension present or until CVP is 8-12mmHg, then continue at 150ml/hr
- ☐ **Initiate antibiotic administration within 1 HOUR of sepsis recognition, not to exceed 3 HOURS from ED arrival . Time Administered** \_\_\_\_\_

**Does your patient have any of the following: Severe Sepsis or Septic Shock as indicated by 1 or more:**

- ☐ SpO<sub>2</sub> < 90% on room air or on supplemental O<sub>2</sub>
- ☐ Hypotension. Systolic < 90 mm Hg or MAP < 65 mm Hg
- ☐ Altered mental status
- ☐ Creatinine > 2.0 mg/dl (176.8mmol/L) or urine output < 0.5ml/kg/hr for > 2 hours
- ☐ Bilirubin > 2mg/ dl (34.2 mmol/L)
- ☐ Platelet count < 100,000
- ☐ INR > 1.5 or a PTT > 60 secs
- ☐ Lactate > 2mmol/L (18.0 mg/dl)

### Continue Resuscitation Efforts:

- ☐ Call Code Sepsis ( RRT, Lab, RT, Pharmacy)
- ☐ 12 Lead EKG
- ☐ Normal Saline 500ml bolus until CVP is 8-12mmHg, then continue at 150ml/hr
- ☐ Consider vasopressors if SBP < 90mmHg after 2 liters of IVF.
- ☐ Consider afterload reducer if SBP > 160 mmHg
- ☐ ScVo<sub>2</sub> < 70% consider transfusion of PRBC's for hemoglobin < 10 g/dL
- ☐ Oxygen saturation continues < 93% consider intubation and mechanical ventilation
- ☐ Tylenol 1 Gm po every four hours prn temp > 38.3° C as ordered
- ☐ Lactate to be repeated every 6 hours

- ☐ Glucose every four hours
- ☐ Intake and output every hour

**Treatment Targets Met:**

**(The goal directed therapy is to optimize tissue perfusion)**

- ☐ CVP 8-12 mmHg
- ☐ MAP >65-90 mmHg
- ☐ Urine output > 0.5ml/kg/min
- ☐ ScvO<sub>2</sub> > 70%

**Alert MD if :**

- ☐ O<sub>2</sub> sat < 92% or peak-inspiratory plateau pressure > 30 cm H<sub>2</sub>O (on mechanical ventilation).
- ☐ CVP < 8 mmHg or > 15 mmHg
- ☐ SBP < 90 mmHg or > 160 mmHg (MAP < 65 mm Hg or >110 mm Hg)
- ☐ Hgb < 10 g/dL
- ☐ Lactate > 2 mmol/L
- ☐ ScvO<sub>2</sub> < 70 %

- ☐ Patient admission to PCSU, CICU, Other \_\_\_\_\_

**SEPSIS DEFINITION:**Suspected infectious process with  $\geq 2$  SIRS criteria (Systemic Inflammatory Response Syndrome):

- ☒ Temp  $\geq 100.4^{\circ}\text{F}$
- ☒ Heart rate  $\geq 90$
- ☒ Respiratory rate  $\geq 20$
- ☒ WBC  $> 12.0$ ,  $< 4.0$  or  $> 10\%$  bands (on **manual** differential)

Utilize the Mission Sepsis Screening Tool to assess patient. If patient has an initial positive sepsis screen, initiate the following:

(Note: if the patient has a history of cardiomyopathy with low ejection fraction, liver disease, pulmonary edema, or chronic renal failure, the resuscitation plan needs to be adjusted accordingly by the MD)

**ADMIT TO:****DIAGNOSIS:****ALLERGIES:**☐ NKA or**Height:****Weight:****CODE STATUS:**☐ Full Code ☐ See DNR order sheet**NUTRITION:**☐ NPO ☐ Ice chips ☐ Clear Liquids ☐ Regular Diet or:**LAB:**

- ☒ Lactic Acid level STAT and q 6 hours x 24 hours
- ☒ CBC with manual differential if not done in the past 24 hours
- ☒ BMP if not done in the past 24 hours
- ☒ ABG prn respiratory distress
- ☒ **If not done in the past 48 hours:**
  - ☐ Blood Culture x 2 different sites (peripheral and central line if available)
  - ☐ Urinalysis Gram Stain, C&S
  - ☐ Sputum Gram Stain, C&S
  - ☐ Wound Gram Stain, C&S

**DIAGNOSTIC and IMAGING**

- ☐ Portable AP chest xray – reason:
- ☐ Ultrasound – type & reason:
- ☐ CT Scan – type & reason:  
Contrast ☐ IV or ☐ PO
- ☐ Other tests:
- ☐ Other tests:

**NURSING CARE:**

- ☒ Reassess patient with the sepsis screening tool: monitoring for s/s of organ dysfunction q 4 hours for 24 hours
- ☒ Continuous pulse oximeter
- ☐ For PCSU and Cartel only: 1:3 nurse staffing ratio x 24 hours
- ☐ Telemetry monitoring

**ACTIVITY:**☐**VITAL SIGNS:**

- ☒ Call MD if:
  - Temp  $> 102^{\circ}\text{F}$  or  $< 95^{\circ}\text{F}$  (for neutropenic patients, call for temp  $> 101^{\circ}\text{F}$ )
  - HR  $> 120$  or  $< 60$
  - SBP  $> 150$  or  $< 90$

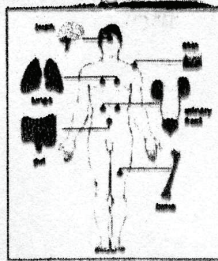
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**MEDICAL SURGICAL SEPSIS ORDERS****Page 1 of 2**

<b>VITAL SIGNS:</b> (cont'd)	• RR > 30 or < 8
	• O2 sat < 95%
	• Urine output < 0.5 ml/kg/hr
	✓ Vital signs q 15 minutes x 4, q 30 minutes x 2, q 2 hours x 2, then q 4 hours (notify MD if further organ dysfunction occurs)
<b>RESPIRATORY:</b>	✓ Oxygen therapy to maintain SpO2 ≥ 95%
<b>GU:</b>	<input type="checkbox"/> Foley catheter
<b>FLUID RESUSCITATION:</b>	✓ Initial fluid resuscitation (1 liter Normal Saline per the following parameters for sustained SBP < 90 mmHg):
	✓ Normal Saline 500 ml IV wide-open at rate not to exceed 30 minutes x 1
	✓ Reassess respiratory rate: if the following parameters are not present, OK to infuse a second 500ml Normal Saline IV at same rate
	<input checked="" type="checkbox"/> RR does not increase by ≥ 4 breaths/min
	<input checked="" type="checkbox"/> Pulse oximeter does not decrease by 2% or more
	✓ If SBP ≤ 90 mmHg <b>after</b> fluid resuscitation is complete, call MD to consider another 1 liter Normal Saline as directed above
	✓ Continue IV fluids:
	✓ Call the MD to consider transfer to a higher level of care (CICU or SICU) if the patient demonstrates severe sepsis <u>post-resuscitation</u> (any of the following 3 criteria):
	1. BP < 90 mmHg
	2. Lactic Acid > 4.0
3. Other s/s of organ dysfunction based on the "Mission Sepsis Screening Tool"	
<b>MEDICATIONS:</b>	<input type="checkbox"/> Acetaminophen (Tylenol) 650mg PO/PR/NGT every 4 hours PRN temperature > 101.5° F
	Antibiotics:
	✓ Give first dose of antibiotics STAT but after blood cultures obtained (do not delay antibiotics > 30 minutes while awaiting blood cultures)
	✓ Reassess antibiotic therapy within 72 hours
	<input type="checkbox"/> Antibiotics to be given:
	<input type="checkbox"/> Other:

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<b>MEDICAL SURGICAL SEPSIS ORDERS</b> <b>Page 2 of 2</b>					





## **"ER Quick Notes"** **CODE SEPSIS—711**

### **Tech/Float**

- ☐ Undress pt completely, place in labeled belonging's bag
- ☐ 1<sup>st</sup> vitals, admit to monitor, place 2lt O2 on pt, BP set q 15min  
(Oral temp >100.9—Get Rectal Temp)
- ☐ Bring bag of Ice to bedside
- ☐ Bring 2 pumps & Sonosite to bedside
- ☐ Bring Central line Kit to bedside & extra sterile gowns
- ☐ EKG
- ☐ Obtain & Send BCx2
- ☐ Urine Dip & Send Urine Culture
- ☐ Check O2 tank on gurney
- ☐ Complete Belonging's list
- ☐ Check and Chart I&O hourly

### **RN/RRT/ICURN**

- ☐ 2 Large Bore IV's-Obtain labs if lab tech not available
- ☐ Obtain Urine
- ☐ Foley PRN
- ☐ NS
- ☐ Assist for Central Line Placement/monitoring
- ☐ Meds per Acute Sepsis Protocol Antibiotic order form-(after cultures obtained)

### **LAB**

- ☐ Sepsis panel-1 grey on ice, 2L, 1B, 1G, BCx2 (Lactate q 3 hours)

#### ***Packet Includes:***

- ***Sepsis Resuscitation Protocol***
- ***Septic ED Tool Checklist/Sepsis Flowsheet***
- ***Acute Sepsis Protocol ABX order form-0603***

**NOT PART OF THE MEDICAL RECORD**

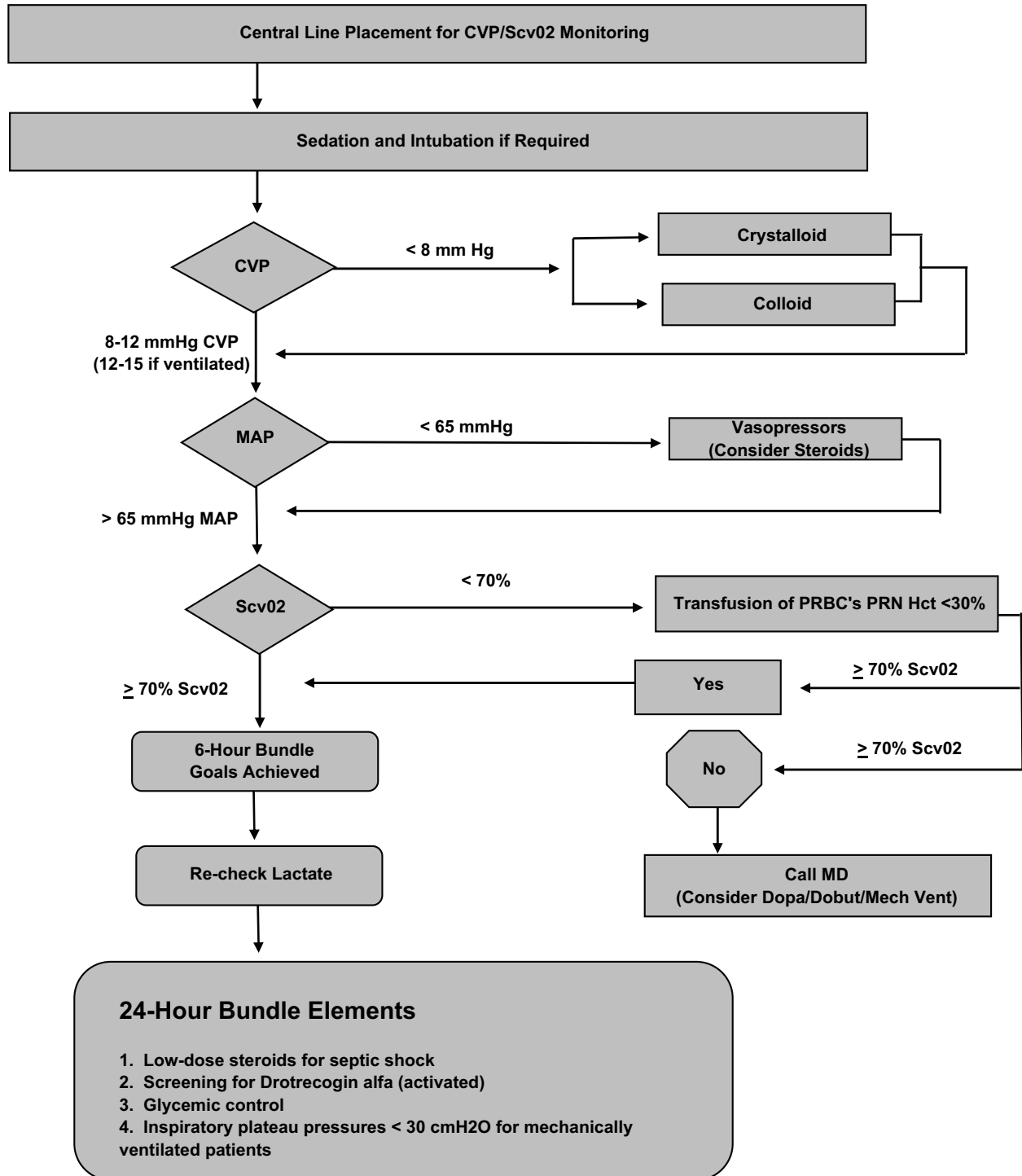
ER Practice Council 3-15-07

Source: Mission Hospital, Mission Viejo, CA.

## Severe Sepsis Algorithm

**Severe Sepsis:** Sepsis associated with  $\geq 1$  organ dysfunction &/or Lactate  $> 4\text{mmol/L}$

**Septic Shock:** Sepsis with hypotension (SBP  $< 90$  or MAP  $< 65$ ), despite fluid resuscitation of 20-40mL/kg



3/9/2009

Kirsten Pyle, RN SICU

Source: Mission Hospital, Mission Viejo, CA.