



Oregon Health & Science University  
Hospitals and Clinics Provider's Orders

PO1500



ICU: SEPSIS: ADMISSION:  
ADULT ICU OR ED/OBS

Page 1 of 4

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

Diagnosis: \_\_\_\_\_

Service: \_\_\_\_\_ Attending: \_\_\_\_\_

**ICU: SEPSIS: ADMISSION: ADULT ICU OR ED/OBS**

Initiate admission orders in addition to Sepsis orders

If Apache II score > 24 or two organ failures, evaluate patient for Drotrecogin Alpha Protocol (Fellow or Attending). Use "ICU: SEPSIS: DROTRECIGIN" (PO-1730)

See ICU: INSULIN INFUSION: ADULT (PO-1751)

**Nursing Orders**

- Sepsis Algorithm see [http://ozone.ohsu.edu/healthsystem/HIS/po7156\\_sepsis\\_algorithm.pdf](http://ozone.ohsu.edu/healthsystem/HIS/po7156_sepsis_algorithm.pdf)
- Notify MD Routine, CONTINUOUS  
If goals of fluid resuscitation and sepsis therapy are not met
- Goals of Therapy Routine, CONTINUOUS  
MAP > 65 mmHg  
CVP > 8 mmHg  
Urine Output > 0.5 mL/kg/hr  
CVO2 > 70%  
Antibiotics initiated within 30-60 minutes  
Patient and family-centered care delivered
- Goals of fluid resuscitation Routine, CONTINUOUS  
CVP 8-12 (patient NOT mechanically ventilated)  
CVP 12-15 (patient IS mechanically ventilated)  
MAP > 65 mmHg  
Urine output > 0.5 mL/kg/hr
- Start vasopressors if MAP < 65 after initial bolus therapy Routine, CONTINUOUS

**Baseline Labs**

- UA, Dipstick Only COLLECT NOW, X1, Urine
- Urine, Microscopic Exam COLLECT NOW, X1, Urine
- Culture, Urine Bacti COLLECT NOW, X1, Urine
- Culture, Blood Bacti & Fungal ONCE, Blood, Draw before giving antibiotics
- Culture, Blood Bacti & Fungal ONCE, Blood, Draw before giving antibiotics
- Culture, Sputum COLLECT NOW, X1, Sputum
- Gram Smear Only, Stat COLLECT NOW, X1

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print Name: \_\_\_\_\_ Pager: \_\_\_\_\_



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- CBC, With Differential ONCE
- Comp Metabolic Set, Plasma ONCE
- Coagulopathy Panel ONCE Must order with concurrent CBC
- CBC Only Routine, ONCE Must be ordered if Coagulopathy Panel is ordered
- Cortisol, Serum ONCE
- Creatinine, Urine (Spot) COLLECT NOW, X1
- Lactic Acid, Plasma ONCE
- Type and Screen ONCE
- Blood Gases, Arterial COLLECT NOW, X1
- Blood Gases, Venous COLLECT NOW, X1

**Lines, Drains, Airways** Goal for central line placement is within 2 hours of arrival

- Insert and Maintain Foley Catheter Routine, CONTINUOUS, With hourly urometer bag
- Set up for central line placement with CVP monitoring Routine, CONTINUOUS
- Set up for arterial line placement Routine, CONTINUOUS

**Imaging**

- X-Ray Portable Chest 1 View Routine, AS NEEDED After all invasive line and tube placements  
Reason for Exam/Referral Diagnosis?: line and tube placement

**FLUIDS RESUSCITATION**

Goals of Fluid Resuscitation Therapy:  
Until CVP 8-12 (for pts off mechanical ventilation)  
Until CVP 12-15 (for pts on mechanical ventilation)  
MAP > 65 mmHg  
Urine Output 0.5 mL/kg/hr

**Initial Bolus Therapy**

- lactated ringers IV 20 mL/kg, Intravenous, ONCE
- NaCl 0.9% IV infusion 20 mL/kg, Intravenous, ONCE

**Subsequent Bolus Therapy** may repeat x 3 based on goals of therapy

- lactated ringers IV 500 mL, Intravenous, AS NEEDED For 3 Doses  
Infuse over 20 minutes
- NaCl 0.9% IV infusion 500 mL, Intravenous, AS NEEDED For 3 Doses  
Infuse over 20 minutes

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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**MEDICATIONS**

**Vasopressors**

After initial bolus therapy, if MAP < 65 mmHg, then start vasopressors to maintain MAP >= 65 mmHg. Norepinephrine is the preferred agent. Vasopressin is the 2nd line agent for catecholamine refractory shock.

- norepinephrine (aka LEVOPHED) IV \_\_\_\_\_mcg/kg/min (0.05-0.4 mcg/kg/min), Intravenous, CONTINUOUS
- DOPamine in dextrose 5 % (aka INOTROPIN) IV \_\_\_\_\_mcg/kg/min (5-20 mcg/kg/min), Intravenous, CONTINUOUS
- vasopressin (aka PITRESSIN) IV \_\_\_\_\_Units/min (0.01-0.04 Units/min), Intravenous, CONTINUOUS

**Inotropes**

If CVO2 saturation <70% AND Hct >30%, initiate DOBUTamine.

- DOBUTamine in dextrose 5 % (aka DOBUTREX) IV \_\_\_\_\_mcg/kg/min (2-10 mcg/kg/min), Intravenous, CONTINUOUS

If CVO2 saturation <70% AND Hct >30%, initiate DOBUTamine.  
Initiate if CVO2 saturation less than 70% AND Hct greater than 30%;  
Titrate until CVO2 saturation reaches 70%

**Antibiotics**

If creatinine clearance < 50 mL/min: Pharmacy to contact H.O. to recommend dose adjustment within 24 hrs. ceftAZIDime OR piperacillin-tazobactam, not both.

Sepsis Antibiotics Guidelines: [http://ozone.ohsu.edu/healthsystem/HIS/po7156sepsis\\_antibiotics.pdf](http://ozone.ohsu.edu/healthsystem/HIS/po7156sepsis_antibiotics.pdf)

- vancomycin (aka VANCOGIN) IV \_\_\_\_\_ [15 mg/kg/dose] Intravenous, EVERY 12 HOURS  
Infuse over 60 minutes. Give first dose within one hour of initiating order set.  
Antibiotic dose given after cultures are obtained.
- ceftAZIDime (aka FORTAZ) IV 2 g, Intravenous, EVERY 8 HOURS. Give first dose within one hour of initiating order set. Antibiotic dose given after cultures are obtained.
- piperacillin-tazobactam (aka ZOSYN) IV (extended infusion, CrCl > 20 or CWHD)
  - piperacillin-tazobactam (aka ZOSYN) IV 4.5 g, Intravenous, ONCE  
\*\*LOADING DOSE for extended infusion\*\*.  
– Infuse over 30 min.
  - piperacillin-tazobactam (aka ZOSYN) IV (minibag+) 3.375 g, Intravenous, EVERY 8 HOURS  
\*\*MAINTENANCE DOSE for extended Infusion\*\*  
- Use Alaris Guardrails "pip/tazo (pilot)";  
- Administer 8 hours after loading dose  
- Infuse over 4 hours

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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- piperacillin-tazobactam (aka ZOSYN) IV (extended infusion, CrCl < or = 20 or HD)
  - piperacillin-tazobactam (aka ZOSYN) IV (minibag+) 3.375 g, Intravenous, EVERY 8 HOURS  
\*\*MAINTENANCE DOSE for extended Infusion\*\*
    - Use Alaris Guardrails "pip/tazo (pilot)";
    - Infuse over 4 hours
- ciprofloxacin (aka CIPRO) IV 400 mg, Intravenous, EVERY 8 HOURS Infuse over 60 minutes. Give first dose within one hour of initiating order set. Antibiotic dose given after cultures are obtained.
- azithromycin (aka ZITHROMAX) IV 500 mg, Intravenous, EVERY 24 HOURS. Refrigerate; Infuse over 60 minutes. Give first dose within one hour of initiating order set. Antibiotic dose given after cultures are obtained.

**ACTH Stimulation Test**

- ACTH Stimulation Test (0,30,60 minutes) Routine, ONCE
- cosyntropin (aka CORTROSYN) 250 mcg IV 0.25 mg, Intravenous, ONCE

**Steroids**

- hydrocortisone (aka SOLUCORTEF) IV [initial push] 100 mg, Intravenous, ONCE
- hydrocortisone (aka SOLUCORTEF) IV 100 mg, Intravenous, EVERY 8 HOURS
- fludrocortisone (aka FLORINEF) tablet 0.05 mg, Oral, DAILY For 7 Days  
Administer PO or PFT, not both
- fludrocortisone (aka FLORINEF) tablet 0.05 mg, Feeding tube, DAILY For 7 Days.  
Administer PO or PFT, not both

**TRANSFUSION THERAPY**

**Transfusion Therapy**

Consider transfusion once CVP and MAP goals are reached and:

CVO2 > 70 and HCT > 30%

See GEN: BLOOD PRODUCTS TRANSFUSION (PO-7032)

**OTHER**

**Consults**

- IP Consult to Clinical Pharmacist CONTINUOUS  
Reason for consult: MEDICATION DOSING AND/OR MONITORING

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print Name: \_\_\_\_\_ Pager: \_\_\_\_\_