



# Adult Sepsis Orders

Last Name:			
First Name (Preferred Name):			
Encounter number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			

**Allergies:** ☐ None Known ☐ Unable to Obtain  
List with Reactions: \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg  
**Height:** \_\_\_\_\_ cm

## ALL ORDERS ARE CONSIDERED STAT

### 1. CONSULTS/REFERRALS

- ☐ Critical Care Intensivist
- ☐ Internal Medicine Specialist
- ☐ Patient Transfer Network (PTN) - 1-866-233-2337 for higher level of care transfer
- ☐ RUDi (Rural Urgent Doctor in-aid) via Zoom at rudi1@rccbc.ca

### 2. IV FLUIDS

#### Bolus fluids

- ☐ hypotensive (mean arterial pressure (MAP) less than 65 mmHg)
  - ☐ lactated ringers IV ☐ 500 mL ☐ 1000 mL ☐ 2000 mL (max 2 L) bolus over 30 min
  - ☐ NS IV ☐ 500 mL ☐ 1000 mL ☐ 2000 mL (max 2 L) bolus over 30 min
- ☐ normotensive (MAP greater than 65 mmHg)
  - ☐ lactated ringers IV ☐ 500 mL ☐ 1000 mL ☐ 2000 mL over \_\_\_\_\_ minutes
  - ☐ NS IV ☐ 500 mL ☐ 1000 mL ☐ 2000 mL over \_\_\_\_\_ minutes
- ☐ Albumin 5% 500 mL IV once x 1 dose (consider for cirrhosis)
  - Prescriber to assess volume status and order further boluses as needed

#### Maintenance fluids

- ☐ lactated ringers IV 100 mL/h continuous infusion
- ☐ NS IV 100 mL/h continuous infusion

### 3. LABORATORY

#### STAT (if not already complete)

- CBC, E7 (Na, K, CO<sub>2</sub>, Cl, Cre, urea, Glu), CRP, INR, PTT, Ca<sup>2+</sup>, Mg<sup>2+</sup>, Alb, T bilirubin, lactate
- BHCG, if applicable
- blood cultures x 2 (taken at 2 different sites)
- blood gas ☐ venous ☐ arterial
- ☐ cross match blood
- ☐ urinalysis ☐ urine C&S ☐ BHCG urine
- ☐ sputum C&S
- repeat lactate 2 hours and 4 hours after initial lactate

### 4. DIAGNOSTIC TESTS

- ☐ X-ray: \_\_\_\_\_
- ☐ CT: \_\_\_\_\_

### 5. PATIENT CARE

- ☐ isolation precautions: ☐ contact ☐ airborne: \_\_\_\_\_ ☐ droplet precautions
  - establish two IV lines
  - apply oxygen to maintain SpO<sub>2</sub> greater than 92%
  - strict measurement and documentation of intake and urine output
- ☐ Foley catheter
  - notify physician of any abnormal bloodwork, lactate greater than 4, or change in level of consciousness
  - if peripheral vasopressors initiated, check IV site q15 mins to ensure no extravasation

### Urgent considerations

- refer to page 4 for BC Sepsis Network algorithm
- early consultation with Critical Care or Internal Medicine
- early initiation of antibiotics
- early investigations to determine infectious source
- early vasopressors (peripheral administration until central line placed)

**Prescriber signature:** \_\_\_\_\_ **College ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_



**Regional Order Set**

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**PATIENT LABEL**

**Allergies:** ☐ None Known ☐ Unable to Obtain  
List with Reactions: \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg  
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## 6. MONITORING

- continuous cardiorespiratory monitoring
- monitor and document vital signs (temp, BP, HR, RR, O<sub>2</sub> Sat) q1h for 6 hours, then q4h for 12 hours, and PRN
- Glasgow Coma Score (GCS) q1h if baseline 14 or less

## 7. MEDICATIONS

Empiric antibiotics

- antibiotic recommendations are empiric and to be reassessed within 48 hours for optimization based on culture results

Febrile Neutropenia • refer to **10-111-5100 Adult Febrile Neutropenia**

CNS infection (community acquired meningitis)

- ☐ **dexamethasone** 10 mg IV q6h x 2 days (first dose BEFORE first dose of antibiotics)
- ☐ **cefTRIAxone** 2 g IV q12h **\*PLUS\* vancomycin** (20 mg/kg) \_\_\_\_\_ mg (max 2 g) IV once x 1 dose, then refer to **10-111-5335 Initiation of Vancomycin for Adults**

If patient at risk for listeria (age over 50 years, pregnant or immunocompromised), **\*ADD\***

- ☐ **ampicillin** 2 g IV q4h

**\*OR\***

for penicillin allergy:

- ☐ **sulfamethoxazole** and **trimethoprim** (5 mg/kg per **trimethoprim** component) \_\_\_\_\_ mg IV q6h

Community acquired pneumonia

- ☐ **cefTRIAxone\*\*** 2 g IV q24h **\*PLUS\* azithromycin** 500 mg IV q24h

If MRSA known or suspected, **\*ADD\***:

- ☐ **vancomycin** (20 mg/kg) \_\_\_\_\_ mg (max 2 g) IV once x 1 dose, then refer to **10-111-5335 Initiation of Vancomycin for Adults**

Hospital acquired pneumonia

- ☐ **piperacillin-tazobactam** 4.5 g IV q6h

**\*OR\***

for penicillin allergy: ☐ **meropenem** 1 g IV q8h

- ☐ If risk of multidrug resistant organisms (prolonged hospitalization 5 days or more, antibiotic use within 30 days, signs of shock), **\*ADD\***:

- ☐ **ciprofloxacin** 400 mg IV q8h

If MRSA known or suspected, **\*ADD\***:

- ☐ **vancomycin** (20 mg/kg) \_\_\_\_\_ mg (max 2 g) IV once x 1 dose, then refer to **10-111-5335 Initiation of Vancomycin for Adults**

Gastrointestinal source

- ☐ **piperacillin-tazobactam** 4.5 g IV q6h

**\*OR\***

for penicillin allergy: ☐ **meropenem** 1 g IV q8h

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<b>PATIENT LABEL</b>			

<b>Allergies:</b> <input type="checkbox"/> None Known <input type="checkbox"/> Unable to Obtain List with Reactions: _____	<b>Weight:</b> _____ kg <b>Height:</b> _____ cm
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Urinary source

☐ **piperacillin-tazobactam** 3.375 g IV q6h  
 - consider ESBL coverage (meropenem) if use of cephalosporins or fluoroquinolones within 3 months

**\*OR\***

for penicillin allergy: ☐ **meropenem** 1 g IV q8h

Skin and soft tissue

Non purulent

☐ **ceFAZolin** 2 g IV q8h

**\*OR\***

for penicillin allergy: ☐ **vancomycin** (20 mg/kg) \_\_\_\_\_ mg (max 2 g) IV once x 1 dose, then refer to **10-111-5335 Initiation of Vancomycin for Adults**

Purulent or abscess (MRSA suspected)

☐ **vancomycin** (20 mg/kg) \_\_\_\_\_ mg (max 2 g) IV once x 1 dose, then refer to **10-111-5335 Initiation of Vancomycin for Adults**

Necrotizing fasciitis/Fournier's gangrene

☐ **IVIG** 2 g/kg, prescriber to complete **10-200-5030 IVIG Physician Request**

☐ **piperacillin-tazobactam** 4.5 g IV q6h **\*PLUS\*** **clindamycin** 900 mg IV q8h

**\*OR\***

for penicillin allergy: ☐ **meropenem** 1 g IV q8h **\*PLUS\*** **clindamycin** 900 mg IV q8h

Diabetic foot

☐ **piperacillin-tazobactam** 3.375 g IV q6h

**\*OR\***

for penicillin allergy: ☐ **meropenem** 1 g IV q8h

If MRSA suspected for Necrotizing fasciitis/Fournier's gangrene or Diabetic Foot, **\*ADD\***:

☐ **vancomycin** (20 mg/kg) \_\_\_\_\_ mg (max 2 g) IV once x 1 dose, then refer to **10-111-5335 Initiation of Vancomycin for Adults**

Source unknown

☐ **piperacillin-tazobactam** 4.5 g IV q6h **\*PLUS\*** **vancomycin** (20 mg/kg) \_\_\_\_\_ mg (max 2 g) IV once x 1 dose, then refer to **10-111-5335 Initiation of Vancomycin for Adults**

**\*OR\***

for penicillin allergy:

☐ **meropenem** 1 g IV q8h **\*PLUS\*** **vancomycin** (20 mg/kg) \_\_\_\_\_ mg (max 2 g) IV once x 1 dose, then refer to **10-111-5335 Initiation of Vancomycin for Adults**

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