

Adult: Sepsis and Septic Shock Standard Orders

RECOGNIZE

RESUSCITATE

REFER

NB: These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

■ Standard orders. If not in agreement with an order, cross out and initial. □ Requires a check for activation.

National Early Warning Score (NEWS)	Physiological Parameters	3	2	1	0	1	2	3
	Respiratory Rate	Less than or equal to 8	-----	9 to 11	12 to 20	-----	21 to 24	Equal to or over 25
	Oxygen Saturation	Less than or equal to 91	92 to 93	94 to 95	Equal to or over 96	-----	-----	-----
	Any O ₂ supplemental	-----	Yes	-----	No	-----	-----	-----
	Temperature	Less than or equal to 35	-----	35.1 to 36.0	36.1 to 38.0	38.1 to 39.0	Equal to or over 39.1	-----
	Systolic BP	Less than or equal to 90	91 to 100	101 to 110	111 to 219	-----	-----	Equal to or over 220
	Heart Rate	Less than or equal to 40	-----	41 to 50	51 to 90	91 to 110	111 to 130	Equal to or over 131
	Level of consciousness	-----	-----	-----	Alert	-----	-----	Voice, Pain, or Unresponsive
NEWS score								

Times

MEDICATION ORDERS

GENERAL ORDERS

Time of Initial Screen:	0 min.	<ul style="list-style-type: none"> ■ Calculate NEWS score: Total = _____ ■ IF NEWS SCORE is equal to or greater than 5 and SEPSIS is SUSPECTED - INITIATE the FOLLOWING: <ul style="list-style-type: none"> ■ Start O₂ and titrate up to achieve and maintain SpO₂ saturation between 92% and 96%. ■ Two large bore IV (18 gauge or higher). 500 mL Ringers Lactate bolus over 5 to 10 min. 	<ul style="list-style-type: none"> ■ Vital signs at least q15minutes. ■ STAT laboratory investigations: <ul style="list-style-type: none"> ■ Blood cultures (2 sets from different Sites - 1 of 2 from central venous access device/ CVAD if present) ■ CBC, electrolytes, glucose, urea, creatinine, venous blood gas, lactate, bilirubin, INR ■ Urinalysis ■ Urine for C&S □ Other cultures _____ □ For patients with respiratory symptoms, do Nasopharyngeal Swab for viral testing & place patient on droplet/contact precautions. ■ EKG ■ CXR □ Other imaging _____ ■ Foley catheter ■ Hourly intake and output
Time fluid bolus started	10 min.	<p>CONFIRM SEPSIS: 2 OR MORE OF THE FOLLOWING are needed</p> <ul style="list-style-type: none"> □ Altered LOC (confusion or altered mental status). □ MAP less than 65 mmHg. □ SpO₂ less than 90% on room air. □ Serum Creatinine greater than 177mmol/L <u>OR</u> Urine output less than 0.5 mL/kg/hour. □ INR greater than 1.5 or Bilirubin greater than 34. □ Platelets less than 100 x 10⁹/L. □ Start norepinephrine if MAP remains less than 65mmHg after adequate fluid resuscitation. Concurrent use with fluid bolus may be appropriate. (See pg. 2 for administration orders.) <ul style="list-style-type: none"> ■ For non-regional centres, initiate transfer process. 	
Time of Blood Culture:	30 min.	<ul style="list-style-type: none"> ■ Reassess after 30 min. and administer 250mL boluses over 5 to 10 min. to maximum of 20mL/kg to maintain MAP 65 mmHg or greater. 	

Physician Signature: _____ Date/Time _____

Faxed to Pharmacy - Date/Time/Initials: _____

Adult: Sepsis and Septic Shock Standard Orders (cont.)

NB: These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

■ Standard orders. If not in agreement with an order, cross out and initial. □ Requires a check for activation.

Allergies: Unknown No Yes (describe reaction) _____

Time	MEDICATION ORDERS	GENERAL ORDERS
Time Antibiotic given	<p>IF SEPSIS CONFIRMED PROCEED WITH FOLLOWING –</p> <p>■ IV Ringers Lactate infusion at 125mL/hr.</p> <p>■ START IV ANTIBIOTICS</p> <p><u>NO PENICILLIN ALLERGY</u></p> <p><input type="checkbox"/> Piperacillin/tazobactam: Initial Dose: 4.5 grams then</p> <p><input type="checkbox"/> Piperacillin/tazobactam _____ grams IV q6hour (CrCl over 40 mL/min – 4.5 grams; 20-40 mL/min – 3.375 grams; less than 20 mL/min – 2.25 grams)</p> <p>OR</p> <p><input type="checkbox"/> Other IV Antibiotic(s) based on likely infection source: _____</p> <p><u>PENICILLIN ALLERGY</u></p> <p><input type="checkbox"/> Ciprofloxacin 400 mg IV q12h</p> <p>Plus</p> <p><input type="checkbox"/> Vancomycin 15 – 20 mg/kg _____ mg IV q12hr (Titrated to Vancomycin based on serum levels of 15 – 20 mg/L pre 4th or 5th dose)</p> <p>Plus</p> <p><input type="checkbox"/> Metronidazole 500 mg IV q8h</p> <hr/> <p>■ Vasopressor therapy if unable to maintain MAP 65 mmHg or greater with fluids alone</p> <p><input type="checkbox"/> Norepinephrine IV infusion at 0.01mcg/kg/min titrate to MAP greater than 65 mmHg (maximum rate 2 mcg/kg/min)</p> <p>If MAP less than 65mmHg with adequate fluids and maximum dose norepinephrine</p> <p>■ Hydrocortisone 50 mg IV q6h x 48 hours</p> <p><input type="checkbox"/> ADD Vasopressin IV 1.8 units/hour</p> <p>OR</p> <p><input type="checkbox"/> ADD EPINEPHrine infusion at 0.01 – 0.1 mcg/kg/min Start at _____ mcg/kg/min</p> <p>■ Titrate down norepinephrine as per drug monograph</p> <hr/> <p>■ Lactate level = _____</p>	<p>■ Vital signs q15minutes for MAP less than 65 mmHg</p> <p>■ Vital signs q30minutes for MAP greater than 65 mmHg</p> <p>■ Hourly intake and output</p> <p>Physician:</p> <p><input type="checkbox"/> Establish Central Venous Access Device (CVAD) line if using ongoing vasopressors</p> <p><input type="checkbox"/> Establish Arterial line</p> <p><input type="checkbox"/> Consider consulting critical care specialist</p> <p>■ Recheck serum lactate at 3 hours (180 minutes)</p> <p>CONFIRMATION OF SEPTIC SHOCK</p> <p>Lactate greater than 2 → NO – Continue to manage as sepsis</p> <p>↓</p> <p><input type="checkbox"/> YES, Lactate greater than 2</p> <p><input type="checkbox"/> MAP less than 65 mmHg</p> <p><input type="checkbox"/> On vasopressor</p> <p>↓</p> <p>If all 3 above checked = SEPTIC SHOCK</p> <p>↓</p> <p>■ Urgent consult/transfer to critical care in tertiary care centre</p>
Time Lactate re-check	<p>180 min.</p>	

Physician Signature: _____ Date/Time _____

Faxed to Pharmacy - Date/Time/Initials: _____