



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:		

PATIENT LABEL

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, CO₂, Cl, Cre, urea, Glu), CRP, INR, PTT, Ca²⁺, Mg²⁺, 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 SpO₂ 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: _____



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Allergies: <input type="checkbox"/> None Known <input type="checkbox"/> Unable to Obtain List with Reactions: _____	Weight: _____ kg Height: _____ cm
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6. MONITORING

- continuous cardiorespiratory monitoring
- monitor and document vital signs (temp, BP, HR, RR, O₂ 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

Regional Order Set

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PATIENT LABEL

Allergies: None Known Unable to Obtain
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Weight: _____ kg
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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**

