	Last Name:				
	First Name (Preferred Name):				
the northern health			mber:	Chart Created: Y/N	
	Date of Birth:	Gender:	Age:	Encounter Type:	
	Responsibility for Pa	ayment:	PHN:		
	Primary Care Physic	cian/Attending	Physician:		
Page 1 of 3	PATIENT LABEL				
		First Name (Preferre Encounter number: Date of Birth: Responsibility for Pa	First Name (Preferred Name): Encounter number: NH Nu Date of Birth: Gender: Responsibility for Payment: Primary Care Physician/Attending	First Name (Preferred Name):Encounter number:NH Number:Date of Birth:Gender:Age:Responsibility for Payment:PHN:Primary Care Physician/Attending Physician:	

Allergies: None Known Unable to Obtain	Weight: _	kg
List with Reactions:	Height:	cm

Call BC Patient Transfer Network to arrange consult, advise call or transfer to higher level of care 1-866-233-2337 This order set is not intended for patients with febrile neutropenia

All orders considered STAT and to be completed within 40 minutes of initiation

1. CONSULTS

• Pediatrician (if local/on-call pediatrician not available contact CHARLiE Real Time Virtual Support via Zoom at charlie1@rccbc.ca)

2. PATIENT CARE

- establish IV access x 2; if unable to insert IV within 5 minutes or after 2 failed attempts establish intraosseous (IO)
- · point of care blood glucose immediately, then q2h
- apply oxygen to maintain saturations above 92%
- · strictly monitor input and output
- urinary catheter
- \Box apply end tidal CO₂

3. DIET

• NPO

4. MONITORING

- assess BP, HR, respiratory rate (RR), SpO₂, cap refill, level of consciousness (LOC) q10min
- temp q1h
- reassess vitals after each fluid bolus and continue vital sign monitoring and pediatric assessment as per Pediatric Early Warning Score (PEWS) guidelines
- continuous cardiorespiratory and SpO₂ monitoring

5. IV FLUIDS

Bolus IV Fluid Resuscitation (isotonic crystalloid fluid)

- NS _____ mL IV/IO over _____ minutes (10 to 20 mL/kg over 5 to 10 minutes)
- o may repeat q10min x 2 boluses if vital signs remain abnormal and no signs of fluid overload
- notify physician prior to each additional resuscitation bolus

OR

LR _____ mL IV/IO over _____ minutes (10 to 20 mL/kg over 5 to 10 minutes)

- o may repeat q10min x 2 boluses if vital signs remain abnormal and no signs of fluid overload
- · notify physician prior to each additional resuscitation bolus

Maintenance IV Fluids

D10NS IV/IO _____ mL/hour

(do NOT substitute with hypotonic solution)

 Prescriber Signature:
 College ID:
 Date:
 Time:

 10-111-5389 (IND - VPM/RDP - Rev. 09/21) Review by December 2024
 College ID:
 College ID

~ Do NOT photocopy or alter electronically. Print new copies directly from OurNH Order Set Site ~

		Last Name:				
the northern health		First Name (Preferred Name):				
		Encounter number: NH Number:			Chart Created: Y/N	
Regional Order Set		Date of Birth:	Gender:	Age:	Encounter Typ	e:
		Responsibility for Pay		PHN:		
Pediatric Sepsis		Primary Care Physici	an/Attending	Physician:		
Days of Age to 28 Days of Age	Page 2 of 3	PATIENT LABEL				
Allergies: None Known Unable t List with Reactions:	to Obtain				Weight: Height:	
. LABORATORY						
 CBC w/diff CRP E7 (Na, K, CO₂, Cl, Cre, Urea, Glu), io lactate total bilirubin, AST, ALT, PT, PTT, fibrin blood culture venous blood gas urinalysis, urine culture and sensitivity antibiotic administration) blood group and screen 	logen	9₄ ☐ gram stai ☐ glucose ☐ protein le ☐ BioFire N Nasopharyng ☐ respirator Stool	t with different n and cultu vel AT panel	ire ed Swab el	present)	
DIAGNOSTICS Chest X-ray Celectrocardiogram, 12 lead Cechocardiogram						
. MEDICATIONS Empiric antibiotic recommendations						
				n haaam	a availahla	
•	assessment when new	clinical/laboratory	, informatio			
Empiric antimicrobial orders require rea			[,] informatio	II DECOII		
Empiric antimicrobial orders require rea Unknown source: (ampicillin PLUS eith			[,] informatio	II Decon		
Empiric antimicrobial orders require rea	ner cefotaxime OR ger lays of age /kg/dose) IV/IO q8h R gentamicin) mg/kg/dose) IV/IO q12h	itamicin)	[,] informatio	n becon		
Empiric antimicrobial orders require real Unknown source: (ampicillin PLUS eith Select age dependent option For patients less than or equal to 7 d • ampicillin mg (100 mg/ PLUS (select either cefotaxime O Cefotaxime mg (50 m OR	ner cefotaxime OR ger lays of age (kg/dose) IV/IO q8h R gentamicin) ng/kg/dose) IV/IO q12h D q h	itamicin)			ing (IV push)	
Empiric antimicrobial orders require real Unknown source: (ampicillin PLUS eith Select age dependent option For patients less than or equal to 7 d • ampicillin mg (100 mg/ PLUS (select either cefotaxime O Cefotaxime mg (50 m OR gentamicin mg IV/IO	ner cefotaxime OR ger lays of age (kg/dose) IV/IO q8h R gentamicin) mg/kg/dose) IV/IO q12h O q h Extended interval dos	itamicin)	Traditio		ing (IV push)	
Empiric antimicrobial orders require real Unknown source: (ampicillin PLUS eith Select age dependent option For patients less than or equal to 7 d • ampicillin mg (100 mg/ PLUS (select either cefotaxime O Cefotaxime mg (50 m OR gentamicin mg IV/IC Age 0 to 7 days (gestational age)	ner cefotaxime OR ger lays of age lkg/dose) IV/IO q8h R gentamicin) mg/kg/dose) IV/IO q12h D q h Extended interval dos (via syringe pump)	itamicin)	Tradition 2.5 mg	onal dos	ing (IV push) e q24h	_

	Last Name:	Last Name:					
S (• northern health	First Name (Pre	First Name (Preferred Name):					
the northern way of caring	Encounter num	ber: NH Nu	NH Number:		Chart Created: Y/N		
Regional Order Set	Date of Birth:	Gender:	Age:	Encounter Ty	/pe:		
	Responsibility f	or Payment:	PHN:				
Pediatric Sepsis	Primary Care P	Primary Care Physician/Attending Physician:					
0 Days of Age to 28 Days of Age	Page 3 of 3 PATIENT LAB	EL					
Allergies: None Known Unable to List with Reactions:				Weight: Height:	kg cm		
OR gentamicin mg IV/IO Greater than 7 days of age	q h Extended interval dosing	Traditio		2	1		
(gestational age in weeks + postnatal age in weeks)	(via syringe pump)		Traditional dosing (IV push)				
Less than 30 weeks	5 mg/kg x 1 dose	2.5 mg/	2.5 mg/kg/dose q24h				
30 to 34 weeks	4mg/kg/dose q24h	2.5 mg/	2.5 mg/kg/dose q24h				
35 weeks and greater		2.5 mg/	2.5 mg/kg/dose q12h				
Suspected CNS source: (ampicillin PLU Select age dependent option For patients less than 7 days of life • ampicillin mg (100 mg/k							

- PLUS • cefotaxime _____ mg (50 mg/kg/dose) IV/IO q12h PLUS
- acyclovir _____ mg (20 mg/kg/dose) IV/IO q8h

For patients greater than or equal to 7 days of life

- ampicillin _____ mg (75 mg/kg/dose) IV/IO q6h PLUS
- cefotaxime _____ mg (50 mg/kg/dose) IV/IO q8h PLUS
- acyclovir _____ mg (20 mg/kg/dose) IV/IO q8h

Antipyretics

acetaminophen _ mg (10 to 15 mg/kg/dose) PO/PR q4h PRN for temp greater than 38°C (max 60 mg/kg/24 h)

Oral suspension must be used for PR administration in neonates

EPINEPHrine Infusion

start EPINEPHrine infusion 0.05 mcg/kg/min IV/IO

titrate rate up by 0.02 mcg/kg/min to a max of 1 mcg/kg/min