

 <p>First Nations Health Authority Health through wellness</p>	Client Information: <u>NAME</u> <u>DATE OF BIRTH</u> <u>PHN</u>
Pre-Printed Order (PPO)	
Adult - Initial Management of Suspected Sepsis in Remote Settings (ADULT: Age 17 years or older)	
Form ID: _____ Rev: _____ Pg: 1 of 5	
Drug and Food Allergies:	

“●” = Mandatory activity “□” = Optional: prescriber check (✓) to initiate

ADMISSION STATUS

ALL CLIENTS WITH SUSPECTED SEPSIS MUST BE MEDEVAC'D TO A HIGHER LEVEL OF CARE
Provide all interventions within maximum 3 hours of presumed diagnosis of sepsis or septic shock

Screening Criteria:

- A. Suspected source of infection
AND
- B. quick Sequential Organ Failure Assessment (qSOFA) score of **TWO** out of **THREE** of the following:
 1. Respiratory rate (RR) greater than or equal to 22 breaths/min
 2. Systolic Blood Pressure less than or equal to 100 mmHg
 3. Altered mental status: Glasgow Coma Scale (GCS) less than 15***AND/OR***
- C. STAT Lactate greater than 2 mmol/L

Infection Prevention and Control Precautions:

- Routine
- Contact (e.g. MRSA, C.diff, COVID-19)
- Airborne (e.g. influenza, TB, COVID-19)
- Droplet (eg MRSA respiratory, COVID-19)
- Other: _____

REFERRALS/CONSULTS

- **CALL REAL TIME VIRTUAL SUPPORT (RTVS) Physician 1-236-305-9302**
- BC Emergency Health Services/ Patient Transfer Network (PTN)
- OTHER: _____

MONITORING

- Vital Signs (Heart Rate, Respiratory Rate, Blood Pressure, Temperature, O₂ saturation) Q1H and PRN if any deterioration
- Baseline weight (kg): _____
- Glasgow coma Scale Q1H and PRN if any deterioration
- Monitor urine output - insert a Urinary Catheter PRN
- After initial consult with RTVS, contact again if any of the following:
 1. HR less than 50 or greater than 130/min
 2. RR less than 12 or greater than 20/min
 3. SBP less than 90 mmHg
 4. O₂ saturation less than 90% with or without oxygen
 5. Sudden change in Level of Consciousness
 6. Urine output less than 200 mL in 4 hours

Date (dd/mm/yyyy) Time _____ Prescriber Signature _____ Printed Name or College ID# _____

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LABORATORY

- **Draw blood cultures PRIOR TO starting any antibiotics.** Send with client to higher level of care
- **Lactate**, sodium, potassium, chloride, glucose, BUN, creatinine, venous blood gas (CG4+ and Chem 8 iSTAT cartridges)
- Repeat lactate in 2 hours if initial lactate levels are greater than 2 mmol/L
- Urinalysis, Urine Culture and Sensitivity

Note: If no iSTAT available, send labwork out with client to higher level of care.

INTRAVENOUS

- Insert at least #20 gauge IV access. Insert an additional IV access PRN
- **IV bolus:**
 - Lactated Ringer’s (LR) 30mL/kg: _____ mL (**max 2 liters**) IV over _____ minutes
 - *OR***
 - Sodium Chloride 0.9% (NS) 30mL/kg: _____ mL (**max 2 liters**) IV over _____ minutes
- Repeat Vital Signs as per monitoring, chest auscultation and documentation prior to and after completion of IV bolus. Contact RTVS Physician if any changes in Vital Signs or clinical status
- **IV infusion:**
 - Lactated Ringer’s (LR) at _____ mL/hour
 - *OR***
 - Sodium Chloride 0.9% (NS) at _____ mL/hour
- Physician to consider adding vasopressors if hypotension not responsive to initial fluid resuscitation for target Mean Arterial Pressure (MAP) of at least 65 mmHg

TREATMENT

- Supplemental Oxygen to keep Oxygen saturation above 92%

MEDICATIONS

- **GOAL:** Administer antibiotic treatment within maximum 1 hour of presumed diagnosis of sepsis or septic shock
- Dose adjustments may be required in elderly (age 60 years or older) or in renal dysfunction

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<p>Sepsis of unknown origin</p>	<p><input type="checkbox"/> piperacillin-tazobactam 4.5 g IV STAT and Q6H X 24 hours *AND* vancomycin 1.5 g IV STAT and Q12H X 24 hours *OR* If weight less than 50 kg: vancomycin _____ mg IV STAT then _____ mg Q12H X 24 hours (loading dose 25 mg/kg then 15mg/kg Q12H X 24 hours. Round doses to nearest 250 mg)</p> <p>If severe delayed penicillin allergy OR immediate cephalosporin allergy with a previously documented anaphylactic reaction:</p> <p><input type="checkbox"/> ertapenem 1 g IV STAT and Q24H X 24 hours *AND* vancomycin 1.5 g IV STAT and Q12H X 24 hours *OR* If weight less than 50 kg: vancomycin _____ mg IV STAT then _____ mg Q12H X 24 hours (loading dose 25 mg/kg then 15mg/kg Q12H X 24 hours. Round doses to nearest 250 mg)</p>
<p>Community Acquired Pneumonia (CAP)</p>	<p>If pseudomonas is a concern, alternative coverage should be considered</p> <p><input type="checkbox"/> azithromycin 500 mg IV STAT and Q24H X 24 hours *AND* cefTRIAxone 2 g IV STAT and Q24H X 24 hours</p> <p>If severe delayed penicillin allergy OR immediate cephalosporin allergy with a previously documented anaphylactic reaction:</p> <p><input type="checkbox"/> azithromycin 500 mg IV STAT and Q24H X 24 hours *AND* ertapenem 1 g IV STAT Q24H X 24 hours</p>
<p>Gastrointestinal or Genitourinary source</p>	<p><input type="checkbox"/> piperacillin-tazobactam 4.5 g IV STAT and Q8H X 24 hours</p> <p>If severe delayed penicillin allergy OR immediate cephalosporin allergy with a previously documented anaphylactic reaction:</p> <p><input type="checkbox"/> ertapenem 1 g IV STAT and Q24H X 24 hours</p>
<p>Skin and Soft Tissue source</p>	<p><input type="checkbox"/> clindamycin 900 mg IV STAT and Q8H X 24 hours *AND* piperacillin-tazobactam 4.5 g IV STAT and Q8H X 24 hours *AND*</p>

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<p>Skin and Soft Tissue source CONTINUED</p>	<p>vancomycin 1.5 g IV STAT and Q12H X 24 hours *OR* If weight less than 50 kg: vancomycin _____ mg IV STAT then _____ mg Q12H X 24 hours (loading dose 25 mg/kg then 15mg/kg Q12H X 24 hours. Round doses to nearest 250 mg)</p> <p>If severe delayed penicillin allergy OR immediate cephalosporin allergy with a previously documented anaphylactic reaction:</p> <p><input type="checkbox"/> clindamycin 900 mg IV STAT and Q8H X 24 hours *AND* ertapenem 1 g IV STAT and Q24H X 24 hours *AND* vancomycin 1.5 g IV STAT and Q12H X 24 hours *OR* If weight less than 50 kg: vancomycin _____ mg IV STAT then _____ mg Q12H X 24 hours (loading dose 25 mg/kg then 15mg/kg Q12H X 24 hours. Round doses to nearest 250 mg)</p>
<p>Central Nervous System</p>	<p>Start dexamethasone PRIOR TO or with the first dose of antibiotics:</p> <p><input type="checkbox"/> dexamethasone 0.15 mg/kg = _____ mg IV Q6H X 48 hours *AND* cefTRIAXone 2 g IV STAT and Q12H x 24 hours *AND* vancomycin 1.5 g IV STAT and Q12H X 24 hours *OR* If weight less than 50 kg: vancomycin _____ mg IV STAT then _____ mg Q12H X 24 hours (loading dose 25 mg/kg then 15mg/kg Q12H X 24 hours. Round doses to nearest 250 mg)</p> <p>If severe delayed penicillin allergy OR immediate cephalosporin allergy with a previously documented anaphylactic reaction:</p> <p><input type="checkbox"/> dexamethasone 0.15 mg/kg = _____ mg IV Q6H X 48 hours *AND* ciprofloxacin 400 mg IV STAT and Q8H X 24 hours *AND* vancomycin 1.5 g IV STAT and Q12H X 24 hours *OR* If weight less than 50 kg: vancomycin _____ mg IV STAT then _____ mg Q12H X 24 hours (loading dose 25 mg/kg then 15mg/kg Q12H X 24 hours. Round doses to nearest 250 mg)</p>

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Central Nervous System CONTINUED

Note: concurrent use of Ciprofloxacin and Dexamethasone increases risk of tendinopathy/tendon rupture

- If age over 50 **OR** immunosuppressed
 - ADD ampicillin 2 g IV STAT and Q4H X 24 hours***OR***
- If age over 50 **OR** immunosuppressed **AND** severe delayed penicillin allergy **OR** immediate cephalosporin allergy with a previously documented anaphylactic reaction:
 - ADD cotrimoxazole 0.3 mL/kg = _____ mL IV STAT and Q6H X 24 hours (1 mL = sulfamethoxazole 80 mg and trimethoprim 16 mg)
- If viral CNS infection suspected; Discontinue if viral etiology ruled out
 - ADD acyclovir 10 mg/kg = _____ mg IV Q8H X 24 hours

Febrile Neutropenia

- piperacillin/tazobactam 4.5 g IV STAT and Q6H X 24 hours
 AND
 vancomycin 1.5 g IV STAT and Q12H X 24 hours
 OR
If weight less than 50 kg: vancomycin _____ mg IV STAT then _____ mg Q12H X 24 hours (loading dose 25 mg/kg then 15mg/kg Q12H X 24 hours. Round doses to nearest 250 mg)
- If severe delayed penicillin allergy **OR** immediate cephalosporin allergy with a previously documented anaphylactic reaction:
 - ciprofloxacin 400 mg IV STAT and Q8H X 24 hours
 AND
 ertapenem 1 g IV STAT and Q24H X 24 hours
 AND
 vancomycin 1.5 g IV STAT and Q12H X 24 hours
 OR
If weight less than 50 kg: vancomycin _____ mg IV STAT then _____ mg Q12H X 24 hours (loading dose 25 mg/kg then 15mg/kg Q12H X 24 hours. Round doses to nearest 250 mg)

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