

**FIRST PAGE: BLOOD CULTURE AND INITIAL MANAGEMENT ORDERS FOR SUSPECTED SEPSIS SYNDROME**

*This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.*

INSTRUCTIONS: If an order is desired, please "X" the box; leave blank if not desired. Orders with checked boxes are strongly recommended. If a checked order is not desired, you may cancel the order by drawing a line through it, followed by your initials. Do not add additional orders once initiated. Use separate physician order sheet.

**INITIAL ORDERS — GOAL I: Early Identification of the Septic Patient** — Do not add orders once initiated-use separate physician order sheet. RN or Clerk/  
Date & Time

**Allergies:**  None  \_\_\_\_\_  Height \_\_\_\_\_  Weight \_\_\_\_\_  IV 1 L NS bolus now, reassess VS then 1 L NS @ 100 mL/hr  
 O<sub>2</sub> saturation by pulse oximetry  IV 1 L NS bolus now  
 O<sub>2</sub> @ \_\_\_\_\_ L/min via nasal cannula/mask to keep O<sub>2</sub> saturation greater than 92%  IV \_\_\_\_\_ @ \_\_\_\_\_ mL/hr  
 Chest x-ray (r / o pneumonia)  EKG  
 PA/LAT  PA  Portable  Foley catheter  
 Insert peripheral IV  Continuous cardiac monitoring with vital signs Q 1 hr  
 Measure and record fluid intake and output

**Notify Provider for:**  O<sub>2</sub> titration needed to maintain O<sub>2</sub> saturation greater than 92%  Mean arterial pressure less than 65 or Systolic BP less than 90 mm Hg after fluid bolus

Glucose Point of Care test  Chem 7 / BMP  Ca  Phos  Magnesium  
 Urinalysis  Urine culture and sensitivity  Lactic acid  Venous  Arterial  Troponin I  Sepsis Panel  
 Blood culture X 2 (prior to antibiotic administration)  AST  ALT  Alk Phos  Bili total/direct  
 CBC  PT / INR / PTT  Type and screen  D-dimer  Lipase  LDH  Salicylate level  Urine Pregnancy Test  
 Other labs: \_\_\_\_\_

**Acetaminophen [TYLENOL] for temp greater than or equal to 38.0°C (100.4°F)** (not to exceed 4 grams acetaminophen per 24 hrs)  
 1000 mg PO X 1 now  650 mg PR X 1 now

**EMPIRIC ANTIBIOTICS:**

See antibiotic orders (second page) for severe sepsis  
 **Ceftriaxone [ROCEPHIN]** 1 gm IVPB one dose now  
 Other: \_\_\_\_\_  
 None

CT scan Location \_\_\_\_\_ Indication: \_\_\_\_\_  
 With  IV contrast  PO contrast iohexol (Omnipaque) 10 mL in 250 mL clear liquid PO x1 now, then q 1 hour x \_\_\_\_\_  
 Ultrasound Location \_\_\_\_\_ Indication: \_\_\_\_\_

Additional Orders: \_\_\_\_\_

Provider Last Name (Print):	ID #	Sig: Date/time:
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RN Last Name (Print):	IMPRINT I.D. CARD (NAME MRUN CLINIC/WARD)
RN Signature:	Initials:
Date: M M / D D / Y Y Y Y Time: H H : M M AM / PM	
Clerk/LVN Signature:	Initials:
Date: M M / D D / Y Y Y Y Time: H H : M M AM / PM	

