

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.

Severe sepsis or septic shock is defined by a presumed infection with hypotension (i.e. SBP < 90 mm Hg) that is unresponsive to fluids and/or signs of end-organ hypoperfusion/dysfunction (i.e. lactate > 4mmol/L, AMS, renal failure, acute hepatic dysfunction, DIC, respiratory failure/hypoxia/ARDS)

RN or Clerk/ Date & Time

Admit to ICU Dx: Sepsis, Allergies: Height: Weight: Isolation for: MRSA Meningitis Suspected TB Other:

GOAL II: Increase central venous pressure (CVP) to 8-12 mm Hg (11-16 cm H2O) (May need CVP 15 mm Hg if on ventilator)

Vital signs Q 15 min Central Venous Pressure (CVP) Q 30 min, notify MD if CVP less than 8 mm Hg (11 cm H2O) If CVP less than 8 mm Hg (11 cm H2O), give IV NS @ 500 mL Q 30 min until CVP 8-12 mm Hg (11-16 cm H2O) If CVP 8-12 mm Hg (11-16 cm H2O), give IV NS @ 100 mL per hour If CVP greater than or equal to 13 mm Hg (greater than 17 cm H2O), hold IV fluids Other fluid:

Provider Last Name (Print): ID # Sig: Date/time:

GOAL III: Maintain mean arterial pressure (MAP) greater than 65 mm Hg.

If MAP less than 65 mmHg, start vasopressors:

- Norepinephrine 5 mcg per min IV, titrate Q ___ min; maximum 20 mcg per min; (___ mg in ___ mL of ___) Dopamine 5 mcg per kg per min IV, titrate Q ___ min; maximum 20 mcg per kg per min; (___ mg in ___ mL of ___) Phenylephrine 40 mcg per min IV, titrate Q ___ min; maximum 200 mcg per min; (___ mg in ___ mL of ___)

CBC Type and screen (if not already done) Ca AST Phos ALT Magnesium Alk Phos Bili total/direct Other:

Provider Last Name (Print): ID # Sig: Date/time:

GOAL IV A: Central venous oxygen saturation (ScvO2) greater or equal to 70%.

Obtain venous blood gas O2 saturation from central line now and q 30 minutes or after intervention.

FiO2 % temperature

If ScvO2 less than 70%, prepare for transfusion.

Premedicate prior to transfusion:

- Acetaminophen [TYLENOL] (if not given within past 4 hrs-not to exceed 4 mg per 24 hrs) 1000 mg PO x1 or 650 mg PR x1 Diphenhydramine [BENADRYL] 25 mg IVP once

If ScvO2 less than 70% and HCT/Hgb less than 30/10, transfuse:

- Hct 27% - 29.9% / Hgb 9 - 9.9, transfuse wide open 1 unit packed red blood cells Hct 24% - 26.9% / Hgb 8 - 8.9, transfuse wide open 2 units packed red blood cells Hct less than 24% / Hgb less than 8, transfuse ___ units packed red blood cells over ___ hours. CBC after transfusion(s) completed

Repeat SCVO2 FiO2 %, Temperature

Other:

Provider Last Name (Print): ID # Sig: Date/time:

RN Last Name (Print): RN Signature: Date: M M / D D / Y Y Y Y Time: H H : M M AM / PM Initials: Clerk/LVN Signature: Date: M M / D D / Y Y Y Y Time: H H : M M AM / PM Initials:

IMPRINT I.D. CARD (NAME MRUN CLINIC/WARD)

