COUNTY OF LOS ANGELES

FOURTH PAGE: ORDERS FOR SEVERE SEPSIS ONLY

DEPARTMENT OF HEALTH SERVICES

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.

RN or Clerk/ Date & time

GOAL IV B: Maximize oxygen delivery by optimizing cardiac output if SCVO2 less than 70% AND HCT/Hgb greater than 30/10.

If central venous O_2 saturations remain less than or equal to 70% after transfusion completed start:

☐ Dobutamine 2.5 mcg per kg per min IV
Increase by 2.5 mcg per kg per min Q 30 min to a maximum of 20 mcg per kg per min
Titrate until central venous O_2 saturation is greater than 70%
Decrease dose or stop if MAP less than 65 mm Hg or heart rate greater than 120 beats per min

☐ Other:

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

GOAL IV C: MAXIMIZE OXYGEN DELIVERY BY OPTIMIZING OXYGENATION

☑ Repeat lactic acid level

If central venous O_2 saturation remains less than 70% after transfusion and dobutamine, consider intubation

INTUBATION ORDERS

☑ Pre-oxygenate with 100% FiO2

Rapid sequence medications:

Induction agent:
☐ Etomidate 0.3 mg per kg = _____ mg IVP once (max 20 mg)

Defasciculating Agent: (select only one)
☐ Pancuronium Pavulon 1mg IVP once
☐ Vecuronium 0.01 mg / kg = _____ mg IVP once.

Paralytic Agent: (select only one)
☐ Succinylcholine 1.5 mg per kg = _____ mg IVP once (use with caution in patients with renal failure, avoid in hyperkalemia)
☐ Rocuronium 1 mg per kg = _____ mg IVP once.

Initial ventilator settings:

Mode	Tidal Volume (6 ml per kg)	Rate	PEEP	FiO2

☑ Verify placement with end tidal CO_2 device
☑ Chest x-ray post-intubation
☐ ABG Q 15 min X ____

☐ Other:

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

GOAL V: Provide sepsis management bundle over the first 24 hours.

☐ Perform corticotropin stimulation test:
Draw baseline cortisol level, **then**
Administer ACTH cosyntropin (CORTROSYN) 250 mcg IV bolus, **then**
Repeat cortisol level 30 minutes **AND** 60 minutes after ACTH, **then**
☐ Hydrocortisone 50 mg IVP Q 6 hrs
☐ Fludrocortisone 50 mcg PO once

Consider the following: (must order separately)
- Critical care/infectious disease consultation
- Calculate APACHE score
- Drotrecogin alfa (activated) (Xigris)
- Tight glycemic control
- Restricted tidal volume strategy (plateau less than 30 cm H20)
- DVT and GI prophylaxis

☐ Other:

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

RN Last Name (Print):

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

IMPRINT I.D. CARD (NAME MRUN)

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