

McLaren Flint
Sepsis Tracking Sheet

STEP #1 To be completed by RN:

Sepsis Alert Time: _____ Date: ____/____/____ Provider Arrival Time: _____

BP: _____ HR: _____ RR: _____ SPO₂: _____ Temp: _____

Systemic Inflammatory Response Syndrome (SIRS) If two or more are met: **Initiate Rapid Response Sepsis**

- HR >90 Respiratory Rate >20
 Temp > 38.3 C (100.9 F), or < 36.0 C (96.8 F) WBC > 12,000, or < 4000, or >10% Bands

STEP #2 To be completed by Physician

Sepsis NOT indicated, symptoms related to: _____

STOP no further action needed

DIAGNOSIS: Sepsis Severe Sepsis Septic Shock Initiate Sepsis order Set in CPOE or attached paper Sepsis Order Set

Provider Signature: _____ Date: _____ Time: _____

STEP #3 To be completed by RN

To be completed within first 3 HRS of Sepsis alert Time: _____ **Initiate fluid resuscitation if Lactic Acid ≥ 4 or SBP < 90 or MAP < 65**

- Initial Lactate Acid Level: _____ Draw Time: _____ Crystalloid Fluid: 30 mL/kg bolus Ordered Volume: _____ mL
 Blood Cultures x 2 BEFORE ABX Time Drawn: _____ Start Time: _____ Stop Time: _____
 ABX ordered STAT BP every 15' x 2 within 1 hour of fluid resuscitation completion.
 ABX: _____ Start Time: _____ BP: _____ Time: _____ BP: _____ Time: _____
 ABX: _____ Start Time: _____

- Notify provider when crystalloid fluid resuscitation complete IF: Call Rapid Response if primary physician is not responding
- Patient has persistent hypotension SBP <90, MAP <65
 - Initial lactate level is ≥ 4
 - Initiate 6 HR Bundle SEPTIC SHOCK move to complete focused exam (STEP #4), and (STEP #5) if indicated.

STEP #4 To be completed by Physician If initial lactate level is ≥ 4 OR if SBP <90, MAP <65 after fluid resuscitation

To be completed within first 6 HRS of Septic Shock Time: _____

Sepsis Focused Assessment after fluid resuscitation initiated

- Vital signs reviewed Sepsis Focused Exam completed

Date/Time of Follow up: Time: _____ Date: _____ Signature: _____

STEP #5 To be completed by RN

To be completed within first 6 HRS of Septic Shock Time: _____

- Reflex Lactate Level: _____ Draw Time: _____ (If initial is > 2.0)
 Persistent Hypotension after fluid resuscitation SBP < 90, MAP < 65 Call provider to obtain order for vasopressor
 Vasopressor: _____ Start Time: _____ Vasopressor: _____ Start Time: _____

Dr. _____ Time: _____

Time (required) Date (required) RN Signature (required)

Time (required) Date (required) Physician Signature (required)



640B

PT.
MR.#/P
DR.

3 HOUR BUNDLE: These orders are to be accomplished as soon as possible over the first 3 HRS

Patient Care:

- Vital Signs: HR, B/P, RR, SP02, and Temperature** every 15 minutes until MAP > 65mmHg, then every 1 hour and PRN
- Activity:** Bed rest with head of the bed at 30 degrees at all times
- ROM every 4 hours and turn patient every 2 hours
- Skin Integrity:** Evaluation on admission and every shift
- Weight:** on admission and daily
- Intake and Output:** STRICT record every shift
- Accu-Check Testing: On admission and every 4 hours; if Accu-Check is > 180, initiate IV Insulin Order Set (M1708-184).

Laboratory

- CBC with diff.
- CMP
- Lactic Acid STAT and auto repeat in 4 hours If > 2.0 mmol/L
- Blood cultures x 2 from separate sites prior to antibiotic therapy
- PT (with INR)
- Activated Partial Thromboplastin

Bacterial cultures as clinically indicated from the followingsources:

- UACI Urinalysis w/ Culture if Indicated
- Sputum
- Wound (site _____)
- Cerebral Spinal Fluid (CSF)
- Other: _____

Diagnostic Tests

- Chest X-ray, portable
- EKG

Respiratory

- Arterial Blood gas
- Venous Blood gas
- Oxygen therapy

Consults

- Infectious Disease--Physician Name: _____
- Critical Care--Physician Name: _____
- Surgery: Specify _____ Physician Name: _____
- Other: _____ Physician Name: _____

Time (required)

Date (required)

Physician Signature (required)



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McLaren Flint
Sepsis Order Set

Medication Orders: Antibiotics: administer STAT after blood cultures drawn

Suspected Source	Empiric Antibiotic	Severe Penicillin or Cephalosporin Allergy
Abdominal Source	<input type="checkbox"/> (1) Piperacillin/tazobactam 4.5 gm IV now over 30 minutes, then 3.375 gm every 8 hours over 4 hours 7 days of therapy	<input type="checkbox"/> (1) Aztreonam 2 gm IV EVERY 8 HOURS + (2) Vancomycin IV PHARMACY TO DOSE + (3) Metronidazole 500 mg IV EVERY 8 HOURS 7 days of therapy
CNS Infection	<input type="checkbox"/> (1) Ceftriaxone 2 gm IV EVERY 12 HOURS + (2) Vancomycin IV PHARMACY TO DOSE +/- <input type="checkbox"/> Ampicillin 2 gm IV EVERY 4 HOURS (if Listeria suspected) +/- <input type="checkbox"/> Acyclovir 10 mg/kg IV EVERY 8 HOURS (dose on IBW) for suspected Viral Meningitis 10 days of therapy <input type="checkbox"/> For suspected pneumococcal meningitis in adults, administer dexamethasone 10 mg IVP every 6 hours, first dose 10-20 min prior to first antibiotic dose	<input type="checkbox"/> (1) Aztreonam 2 gm IV EVERY 8 HOURS + Vancomycin IV PHARMACY TO DOSE +/- <input type="checkbox"/> Bactrim 5 mg/kg IV EVERY 6 HOURS (if Listeria suspected) +/- <input type="checkbox"/> Acyclovir 10 mg/kg IV EVERY 8 HOURS (dose on IBW) for suspected Viral Meningitis 10 days of therapy <input type="checkbox"/> For suspected pneumococcal meningitis in adults, administer dexamethasone 10 mg IVP every 6 hours, first dose 10-20 min prior to first antibiotic dose
Febrile Neutropenia	<input type="checkbox"/> (1) Piperacillin/tazobactam 4.5 gm IV now over 30 minutes, then 3.375 gm every 8 hours over 4 hours 10 days of therapy	<input type="checkbox"/> (1) Aztreonam 2 gm IV EVERY 8 HOURS + (2) Vancomycin IV PHARMACY TO DOSE 10 days of therapy
CAP	<input type="checkbox"/> (1) Ceftriaxone 1 gm IV EVERY 24 HOURS x 5 days + (2) Azithromycin 500 mg IV EVERY 24 HOURS x 5 days	<input type="checkbox"/> (1) Levofloxacin 750 mg IV EVERY 24 HOURS x 5 days
HAP (ICU or pseudomonas Risk)	<input type="checkbox"/> (1) Piperacillin/tazobactam 4.5 gm IV now over 30 minutes, then 3.375 gm every 8 hours over 4 hours + (2) Tobramycin 7 mg/kg IV x1 for high risk of pseudomonas + (3) Vancomycin IV Pharmacy to Dose 10 days of therapy <input checked="" type="checkbox"/> Nasal Swab MRSA culture <input checked="" type="checkbox"/> Nasal Swab; if negative, discontinue Vancomycin	<input type="checkbox"/> (1) Aztreonam 2 gm IV EVERY 8 HOURS + (2) Vancomycin IV PHARMACY TO DOSE + (3) Tobramycin 7 mg/kg IV x1 for high risk of pseudomonas 10 days of therapy <input checked="" type="checkbox"/> Nasal Swab MRSA culture <input checked="" type="checkbox"/> Nasal Swab; if negative, discontinue Vancomycin
Skin and Skin Structure Infection	<input type="checkbox"/> (1) Piperacillin/tazobactam 4.5 gm IV now over 30 minutes, then 3.375 gm every 8 hours over 4 hours + (2) Vancomycin IV PHARMACY TO DOSE 10 days of therapy	<input type="checkbox"/> (1) Aztreonam 2 gm IV EVERY 8 HOURS x 10 days + (2) Vancomycin IV PHARMACY TO DOSE x 10 days + (3) Clindamycin 600 mg IV EVERY 8 HOURS x 48 hours
Urinary tract Infection	<input type="checkbox"/> (1) Ceftriaxone 1 gm IV EVERY 24 HOURS x 5 days +/- <input type="checkbox"/> Gentamicin IV PHARMACY TO DOSE for recurrent infection x 5 days	<input type="checkbox"/> (1) Aztreonam 2 gm IV EVERY 8 HOURS x 5 days + (2) Vancomycin 1,000 mg IV x 1 dose
Hospital Acquired Urinary Tract Infection	<input type="checkbox"/> (1) Piperacillin/tazobactam 4.5 gm IV now over 30 minutes, then 3.375 gm every 8 hours over 4 hours + (2) Gentamicin IV PHARMACY TO DOSE x 7 days History of ESBL, use meropenem in place of Zosyn: <input type="checkbox"/> (1) Meropenem 1 gm IV Q8 hours x 7 days	<input type="checkbox"/> (1) Gentamicin IV PHARMACY TO DOSE x 7 days + (2) Vancomycin 1,000 mg IV x 1 dose
Infection of Unknown Source	<input type="checkbox"/> (1) Piperacillin/tazobactam 4.5 gm IV now over 30 minutes, then 3.375 gm every 8 hours over 4 hours + (2) Vancomycin IV PHARMACY TO DOSE 10 days of therapy	<input type="checkbox"/> (1) Aztreonam 2 gm IV EVERY 8 HOURS + (2) Vancomycin IV PHARMACY TO DOSE + (3) Metronidazole 500 mg IV EVERY 8 HOURS 10 days of therapy

Time (required)

Date (required)

Physician Signature (required)



PT.

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McLaren Flint
Sepsis Order Set

Suspected Source	Empiric Antibiotic	Severe Penicillin or Cephalosporin Allergy
<ul style="list-style-type: none"> All antibiotics should be given within first hour and reevaluated in 48 hours when cultures are returned Pharmacy may adjust all antibiotic doses based on creatinine clearance First doses of Vancomycin can be given per the following chart, followed by Pharmacy Dosing Less than 70 kg: Vancomycin 1 gram; 70-100 kg: Vancomycin 1.5 grams; Greater than 100 kg: Vancomycin 2 grams 		

Fluid Orders:

- If patient has persistent hypotension SBP <90, MAP <65 OR Initial lactate level is ≥ 4 initiate:

Dosing bolus for ideal body weight (IBW) BMI >30. IBW: _____ kg

BOLUS

- Sodium Chloride 0.9% IV Lactated Sodium Chloride 0.9% IV
- For patients less than 67 kg, 1,000 mL IV Bolus infused over 20 minutes x 2 doses
 - For patients 68-100 kg, 1,000 mL IV Bolus infused over 20 minutes x 3 doses
 - For patients 101-133 kg, 1,000 mL IV Bolus infused over 20 minutes x 4 doses
 - For patients 134-167 kg, 1,000 mL IV Bolus infused over 20 minutes x 5 doses
 - For patients 168-200 kg, 1,000 mL IV Bolus infused over 20 minutes x 6 doses
- For patients >200 kg, use ideal body weight.

BOLUS FOR CHF AND RENAL FAILURE/ESRD

- Administration of 30 mL/kg of crystalloid fluids would be detrimental or harmful for the patient despite having hypotension, a lactate ≥ 4 mmol/L, or documentation of septic shock.
- And the Patient has one of the following conditions
- Advanced or end-stage heart failure (with documentation of NYHA class III or symptoms with minimal exertion, OR NYHA class IV or symptoms at rest or with any activity)
 - Advanced or end-stage chronic renal disease (with documentation of stage IV or GFR 15-29 mL/min, OR stage V or GFR < 15 mL/min or ESRD)

Volume of crystalloid fluids in place of 30 mL/kg the patient was to receive.

- Sodium Chloride 0.9% IV Rate _____ mL/hr for a total of Volume _____ mL
- Lactated Ringers IV Rate _____ mL/hr for a total of Volume _____ mL

6 HOUR BUNDLE: These orders are to be accomplished as soon as possible over the first 6 HRS

Patient care:

DO NOT DISCONTINUE 3 hour Bundle

- CVP:** Every 1 hour, **if central venous access available.** Goal: End expiratory CVP > 8 and < 12, or MAP ≥ 65 mmHg
- Vasopressors: for hypotension that does not respond to initial fluid resuscitation**
- Norepinephrine (Levophed); 0.02 mcg/kg/min continuous infusion. Increase by 0.02 mcg/kg/min every 15 minutes until MAP ≥ 65 or SBP > 90. **Contact physician for further orders if unable to achieve goal or if a rate of 0.15 mcg/kg/min is achieved. Max rate:** 0.6 mcg/kg/min
 - Vasopressin; 0.04 units/min. DO NOT Titrate. Start if Norepinephrine is infusing at greater than 0.1 mcg/kg/min for more than 4 hours. Reduce rate by 0.01 units/min every 30 minutes until off AFTER catecholamine(s) are discontinued.
 - EPINEPHrine; 0.05 mcg/kg/min. Increase by 0.05 mcg/kg/min every 15 minutes until MAP ≥ 65 or SBP > 90. **Max rate:** 0.2 mcg/kg/min.
 - DOBUtamine; 2.5 mcg/kg/min continuous infusion. Increase by 2.5 mcg/kg/min every 15 minutes until desired response is achieved: CI ≥ 2 , HR < 110, MAP >65, or SBP > 90. **Max Rate:** 20 mcg/kg/min.

Time (required)

Date (required)

Physician Signature (required)

