

(place patient label here)

Patient Name: _____



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Diagnosis: _____ Allergies: _____

ICU Sepsis

Version 7 7/24/19

- This order set must be used with an admission order set if patient not already admitted.

Nursing Orders

- Verify that cultures have been obtained before starting antibiotics
- Glucose, blood, point-of-care measurement, every six hours
- Initiate Hypoglycemia Protocol if Capillary Blood Glucose is less than or equal to 70 mg/dL and Notify Provider
- IF catheter indwelling for >48 hours, notify provider for catheter change order prior to collecting UA
- Central venous pressure (CVP) and/or ScvO2 monitoring: after central line placement verified by physician

Respiratory

Ventilator Settings:

- For ventilator orders- Select ICU Ventilator Bundle order set
 - Ventilator Settings: Mode: _____; Rate: _____ bpm; volume: _____ mL; Pressure _____ cm H2O; PEEP: _____ cm H2O; PS _____ cm H2O; I:E Ratio _____; HIGH PEEP: _____ cm H2O; LOW PEEP: _____ cm H2O; FiO2: _____ %

Diet

- NPO Other: _____

IV/ Line Placement

- Arterial IV insert/maintain
- Central Venous Catheter Maintain

IV Fluids - Generic Volume Bolus

IV Fluid-Bolus

- Fluid: Sodium Chloride 0.9%
 - Additive: _____
 - Volume to Infuse: 30 mL/kg = _____ mL
 - Rate: _____
 - Duration (If rate not selected): _____

IV Fluids - Maintenance Specific Fluid

Sodium Chloride 0.9% IV

- 150 milliliter/hour continuous intravenous infusion

Dextrose 5% and 0.9% Sodium Chloride IV

- _____ milliliter/hour continuous intravenous infusion

Medications

Analgesics

acetaminophen (TYLENOL)

- 650 milligram orally every 6 hours as needed for fever greater than 101 F (38.3 C)
- 650 milligram by feeding tube every 6 hours as needed for fever greater than 101 F (38.3 C)
- 650 milligram suppository rectally every 6 hours as needed for fever greater than 101 F (38.3 C)

Bronchodilators

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PROVIDER ORDERS

Nebulized Agents

- albuterol 2.5 mg/3 mL (0.083 %) solution for nebulization (VENTOLIN)
 - 2.5 milligram by nebulizer every 4 hours
 - 2.5 milligram by nebulizer every 2 hours as needed for respiratory distress
- albuterol-ipratropium 2.5 mg-0.5 mg/3 mL soln for inhalation (DUONEB)
 - 3 milliliter by nebulizer every 4 hours
 - 3 milliliter by nebulizer every 4 hours, while awake

Inhalation Agents

- albuterol 90 microgram/inhalation aerosol inhaler
 - 6 puff inhaled every 4 hours
 - 6 puff inhaled every 2 hours as needed for respiratory distress
- ipratropium 17 mcg/actuation aerosol inhaler (ATROVENT)
 - 6 puff inhaled every 4 hours
 - 6 puff inhaled every 2 hours as needed for respiratory distress

Corticosteroids: Systemic

- hydrocortisone (SOLU-CORTEF)
 - 50 milligram intravenously every 6 hours

Vasoactive Agents

- norepinephrine bitartrate in 0.9 % NaCl 4 mg/250 mL IV (LEVOPHED)
 - 1-30 microgram/minute continuous intravenous infusion : titrate to keep systolic blood pressure greater than 90 mmHg with goal mean arterial pressure greater than or equal to 65 mmHg
- EPINEPHrine HCl in 0.9 % NaCl 4 mg/250 mL (16 mcg/mL) IV
 - 0.01-0.15 microgram/kilogram per minute continuous infusion : titrate to keep systolic blood pressure greater than 90 mmHg with goal mean arterial pressure greater than or equal to 65 mmHg
- DOBUTamine (DOBUTREX) [500 milligram/ 250 milliliter D5W]
 - 2.5-10 microgram/kilogram per minute continuous intravenous infusion : titrate to keep SvO greater than 70%, maintaining systolic blood pressure greater than 90 mmHg with goal mean arterial pressure greater than or equal to 65 mmHg and Heart Rate less than 140 beats per minute
- vasopressin [100 unit/250 milliliter NS]
 - 0.01-0.04 unit/minute continuous intravenous infusion: titrate to keep SBP greater than 90mmHg and MAP greater than or equal to 65mmHg

Insulin Correction Level

insulin lispro (HUMALOG) subcutaneous correction level:

- | | | | |
|--|--|--|----------------------------|
| <input type="checkbox"/> Low Dose Correction: | 141 - 180 mg/dL 2 unit; | 181- 220 mg/dL 7 units; | 221 - 260 mg/dL ___ units; |
| | 141 - 180 mg/dL 0 unit; | 181- 220 mg/dL 4 units; | 221 - 260 mg/dL 10 units; |
| | 181- 220 mg/dL 2 units; | 221 - 260 mg/dL 6 units; | 261 - 300 mg/dL ___ units; |
| | 221 - 260 mg/dL 3 units; | 261 - 300 mg/dL 8 units; | 301 - 350 mg/dL ___ units; |
| | 261 - 300 mg/dL 5 units; | 301-350 mg/dL 10 units; | greater than 350 mg/dL- |
| | 301-350 mg/dL 7 units; | greater than 350 mg/dL- | Call Provider |
| | greater than 350 mg/dL- | Call Provider | |
| | Call Provider | <input type="checkbox"/> Custom Dose Correction: | |
| <input type="checkbox"/> Medium Dose Correction: | <input type="checkbox"/> High Dose Correction: | 140 -180 mg/dL ___ units; | |
| | 141 - 180 mg/dL 4 units; | 181 - 220 mg/dL ___ units; | |

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Insulins: Continuous IV Infusions

- insulin regular human : Initiate insulin drip protocol- Initiate if capillary blood glucose is greater than 200 mg/dL x 2

Antibacterial Agents:

- All empiric antibiotics should be re-addressed after final culture results are reviewed
Administer antimicrobial therapy within 6 hours of presentation

Community Acquired Pneumonia

***FIRST LINE TREATMENT: No Cephalosporin Allergy and/or No Anaphylaxis to Penicillin:
SELECT cefTRIAxone and IV or PO azithromycin***

cefTRIAxone (ROCEPHIN)

- 2 gram intravenously every 24 hours

azithromycin (ZITHROMAX)

- 500 milligram intravenously every 24 hours

azithromycin 500 mg tablet (ZITHROMAX)

- 500 milligram orally every 24 hours

***Cephalosporin Allergy and/or Anaphylaxis to Penicillin or over 65 years old, History of
Alcoholism or on Hemodialysis: SELECT IV or PO levofloxacin***

levofloxacin (LEVAQUIN)

- 750 milligram intravenously every 24 hours for 5 days; pharmacy to adjust for renal function

levofloxacin 750 mg tablet (LEVAQUIN)

- 750 milligram orally once a day for 5 days; pharmacy to adjust for renal function.

**Community Acquired Pneumonia with history of Pseudomonas Respiratory Infection within
the past one year ONLY:**

***FIRST LINE TREATMENT: No Cephalosporin Allergy and/or No Anaphylaxis to Penicillin:
SELECT cefepime and IV or PO levofloxacin***

cefepime (MAXIPIME)

- 2 gram intravenously every 8 hours

levofloxacin (LEVAQUIN)

- 750 milligram intravenously every 24 hours for 5 days; pharmacy to adjust for renal function

levofloxacin 750 mg tablet (LEVAQUIN)

- 750 milligram orally every 24 hours for 5 days; pharmacy to adjust for renal function

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PROVIDER ORDERS

Cephalosporin Allergy or Anaphylaxis to Penicillin: SELECT gentamicin and IV or PO levofloxacin

gentamicin

- 5 milligram/kilogram intravenously once then pharmacy to dose

levofloxacin (LEVAQUIN)

- 750 milligram intravenously every 24 hours for 5 days; pharmacy to adjust for renal function

levofloxacin 750 mg tablet (LEVAQUIN)

- 750 milligram orally every 24 hours for 5 days; pharmacy to adjust for renal function

***Pneumonia- Nosocomial (recent hospitalization or ECF resident)
No Cephalosporin Allergy and/or No Anaphylaxis to Penicillin:***

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose

ciprofloxacin

- 400 milligram intravenously 2 times daily

cefepime (MAXIPIME)

- 2 gram intravenously every 8 hours

Cephalosporin Allergy or Anaphylaxis to Penicillin:

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose

ciprofloxacin

- 400 milligram intravenously 2 times daily

aztreonam (AZACTAM)

- 2 grams intravenously every 8 hours

***UTI with Sepsis (not simple cystitis or uncomplicated pyelonephritis)
No Cephalosporin Allergy and/or No Anaphylaxis to Penicillin:***

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose

cefepime (MAXIPIME)

- 2 gram intravenously every 12 hours

fluconazole (DIFLUCAN)

- 400 milligram intravenously once followed by 200 milligram intravenously every 24 hours

Cephalosporin Allergy or Anaphylaxis to Penicillin:

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vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose

gentamicin

- 5 milligram/kilogram intravenously once then consult pharmacy to dose

fluconazole (DIFLUCAN)

- 400 milligram intravenously once followed by 200 milligram intravenously every 24 hours

Severe Intra-abdominal Infection

No Penicillin Allergy:

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose

piperacillin-tazobactam (ZOSYN)

- 4.5 gram intravenously every 6 hours

micafungin (MYCAMINE)

- 100 milligram intravenously every 24 hours

Penicillin Allergy and No Cephalosporin Allergy:

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose

micafungin (MYCAMINE)

- 100 milligram intravenously every 24 hours

metroNIDAZOLE (FLAGYL)

- 500 milligram intravenously every 6 hours

cefepime (MAXIPIME)

- 2 gram intravenously every 8 hours

Penicillin Allergy AND Cephalosporin Allergy:

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose

micafungin (MYCAMINE)

- 100 milligram intravenously every 24 hours

metroNIDAZOLE (FLAGYL)

- 500 milligram intravenously every 6 hours

aztreonam (AZACTAM)

- 2 grams intravenously every 8 hours

Sepsis, Source Unknown

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No Penicillin Allergy:

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose

piperacillin-tazobactam (ZOSYN)

- 4.5 gram intravenously every 6 hours

micafungin (MYCAMINE)

- 100 milligram intravenously every 24 hours

Penicillin Allergy and No Cephalosporin Allergy:

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose

micafungin (MYCAMINE)

- 100 milligram intravenously every 24 hours

metronIDAZOLE (FLAGYL)

- 500 milligram intravenously every 6 hours

cefepime (MAXIPIME)

- 2 gram intravenously every 8 hours

Penicillin Allergy AND Cephalosporin Allergy:

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose

micafungin (MYCAMINE)

- 100 milligram intravenously every 24 hours

gentamicin

- 5 milligram/kilogram intravenously once, then pharmacy to dose

metronIDAZOLE (FLAGYL)

- 500 milligram intravenously every 6 hours

Laboratory

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- Do not repeat labs done in ER

Admission labs or labs to be obtained now:

- BLOOD CULTURE, from two different sites five minutes apart
- UA WITH MICROSCOPY
- CULTURE, URINE
- CULTURE, SPUTUM AND GRAM ST
- MRSA by PRC
- DIC SCREEN
- CULTURE, WOUND AND GRAM STAIN [RB]
- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- MAGNESIUM LEVEL, PLASMA
- PHOSPHORUS LEVEL, PLASMA
- TROPONIN I
- PROCALCITONIN
- LACTIC ACID, PLASMA every 2 hours x 3
- Blood gas, arterial
- Blood gas, venous
 - stat on arrival from central line and repeat every 6 hours x 2 IF no ScvO2 monitoring
- URINE DRUG SCREEN

Morning Labs:

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- MAGNESIUM LEVEL, PLASMA
- PHOSPHORUS LEVEL, PLASMA
- PROCALCITONIN

Blood Bank

- Select the Transfusion Order set to order blood products

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Radiology and Diagnostic Tests

XR Chest Single , portable,

- now if not done in last 6 hours. Reason for exam: _____
- routine in AM, Reason for exam: _____

ECG

- routine Reason for exam: _____

ECHO, Transthoracic Complete

- stat ICD 9 Indications: _____ Contrast? [] Yes [] No Agitated Saline (Bubble Study) [] Yes [] No Additional Instructions: _____
- routine ICD 9 Indications: _____ Contrast? [] Yes [] No Agitated Saline (Bubble Study) [] Yes [] No Additional Instructions: _____

CT scan

- with contrast
- without contrast
- Location: _____ Reason for exam: _____

Ultrasound

- routine Location: _____ Reason for exam: _____

Provider Signature: _____ Date: _____ Time: _____