**ICU Sepsis Version 6 8/29/18**

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

Notify provider if blood glucose is greater than 200 mg/dL x 2 for Dynamic Insulin Drip orders

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***

***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:**

Low Dose Correction:

141 - 180 mg/dL 0 unit;

181- 220 mg/dL 2 units;

221 - 260 mg/dL 3 units;

261 - 300 mg/dL 5 units;

301-350 mg/dL 7 units;

greater than 350 mg/dL-

Call Provider

Medium Dose Correction:

141 - 180 mg/dL 2 unit;

181- 220 mg/dL 4 units;

221 - 260 mg/dL 6 units;

261 - 300 mg/dL 8 units;

301-350 mg/dL 10 units;

greater than 350 mg/dL-

Call Provider

High Dose Correction:

141 - 180 mg/dL 4 units;

181- 220 mg/dL 7 units;

221 - 260 mg/dL 10 units;

261 - 300 mg/dL 13 units;

301-350 mg/dL 15 units;

greater than 350 mg/dL-

Call Provider

Custom Dose Correction:

140 -180 mg/dL \_\_ units;

181 - 220 mg/dL \_\_ units;

221 - 260 mg/dL \_\_ units;

261- 300 mg/dL \_\_ units;

301 - 350 mg/dL \_\_ units;

greater than 350 mg/dL-

Call Provider

***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- Inpatient, non-ICU***

***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 12 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.

***Cephalosporin Allergy and/or Anaphylaxis to Penicillin: SELECT* tobramycin *and IV or PO levofloxacin***

tobramycin

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

tobramycin

5 milligram/kilogram intravenously once then consult pharmacy to dose

***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:***

vancomycin

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

tobramycin

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

ciprofloxacin (CIPRO)

400mg intravenously every 12 hours

***Sepsis, Source Unknown***

***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

ciprofloxacin (CIPRO)

400mg intravenously every 12 hours

metroNIDAZOLE (FLAGYL)

500 milligram intravenously every 6 hours

**Laboratory**

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

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_