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