

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box will be followed unless lined out.
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Diagnosis: _____

Allergies with reaction type: _____

EDPED Sepsis

Version 1 8/18/15

General

- Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock: 2012
- This pediatric order set is intended for use in patients 1 month through 17 years of age

Nursing Orders

- Verify that blood cultures have been obtained before starting antibiotics
- Vital signs per unit standard
- Cardiac monitor
- Pulse oximetry continuous
- Oxygen Delivery RN/RT to Determine Titrates to maintain Oxygen saturation greater than 90%
- Point of Care Capillary Blood Glucose NOW

IV/ Line Insert and/or Maintain

- Use a venous or intraosseous catheter for fluid resuscitation and inotrope infusion until central vascular access is available
 - Peripheral IV insert/maintain x 2
 - Arterial IV insert/maintain
 - Intraosseous Insert/Maintain

IV Fluids Volume Bolus

- Bolus of up to 20 mL/kg over 5 to 10 minutes (Edit volume and rate)
Sodium Chloride 0.9% IV
 - _____ milliliter intravenously 20 mL/kg BOLUS over 5-10 minutes

IV Fluids Maintenance

- Dextrose 5% and 0.45% Sodium Chloride IV
 - _____ milliliter/hour continuous intravenous infusion Maintenance following fluid bolus

Medications

Antibacterial Agents

- For patients with severe sepsis, initiate empiric antibacterial treatment within 1 hour; when possible, obtain blood cultures prior to antibacterial treatment

First Line Treatment Infants 0-28 days of age

gentamicin

- 4 milligram/kilogram intravenously once

- ****PLUS****

ampicillin

- 100 milligram/kilogram intravenously once (MAX 3 grams)

- ****IF HSV Infection Suspected ADD****

acyclovir

- 20 milligram/kilogram intravenously once

First Line Treatment > 28 days of age

vancomycin

- 15 milligram/kilogram intravenously once (MAX 1-2 grams)

- ****PLUS****

cefTRIAXone

- 75 milligram/kilogram intravenously once (MAX 2 grams)

IF GU Source Suspected Add the Following in Addition to the First Line Treatment

gentamicin

- 2.5 milligram/kilogram intravenously once

IF GI Source Suspected Add the Following in Addition to the First Line Treatment

- FOR age < 6 months SELECT

Initials _____

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piperacillin-tazobactam

- 100 milligram/kilogram intravenously once based on the piperacillin component

- FOR age > 6 months SELECT

piperacillin-tazobactam

- 100 milligram/kilogram intravenously once based on the piperacillin component; (MAX 4 grams

piperacillin)

- **AND/OR**

metroNIDAZOLE

- 10 milligram/kilogram intravenously once (MAX 500 mg)

First Line Treatment > 28 days of age AND Immunosuppressed OR at risk for Pseudomonas
vancomycin

- 15 milligram/kilogram intravenously once (MAX 1-2 grams)

- **PLUS**

cefepime

- 50 milligram/kilogram intravenously once (MAX 2 grams)

- **IF ESBL resistance prevalent ADD**

meropenem

- 20 milligram/kilogram intravenously once (MAX 1 gram)

Acetaminophen (TYLENOL) Dosing Set

For weight less than 5 kg SELECT:

acetaminophen (TYLENOL)

- ____ milligram liquid orally once
- ____ milligram suppository rectally once

For weight 5 - 7.9 kg SELECT:

acetaminophen (TYLENOL)

- 80 milligram liquid orally once
- 80 milligram suppository rectally once

For weight 8 - 10.9 kg SELECT:

acetaminophen (TYLENOL)

- 120 milligram liquid orally once
- 120 milligram suppository rectally once

For weight 11 - 15.9 kg SELECT:

acetaminophen (TYLENOL)

- 160 milligram liquid orally once
- 160 milligram suppository rectally once

For weight 16 - 21.9 kg SELECT:

acetaminophen (TYLENOL)

- 240 milligram liquid orally once
- 240 milligram suppository rectally once

For weight 22 - 32.9 kg SELECT:

acetaminophen (TYLENOL)

- 320 milligram liquid orally once
- 325 milligram tablet orally once
- 325 milligram suppository rectally once

For weight 33 - 43.9 kg SELECT:

acetaminophen (TYLENOL)

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- 500 milligram liquid orally once
- 500 milligram tablet orally once
- 500 milligram suppository rectally once

For weight greater than 44 kg SELECT:
acetaminophen (TYLENOL)

- 650 milligram liquid orally once
- 650 milligram tablet orally once
- 650 milligram suppository rectally once

Ibuprofen (MOTRIN) Dosing Set (Recommended for age > 6 months)

Unable to swallow tablet

ibuprofen (MOTRIN) elixir

- 10 milligram/kilogram liquid orally once

20-39 kg and able to swallow tablet

ibuprofen (MOTRIN) tablet

- 200 milligram tablet orally once

> 40 kg and able to swallow tablet

ibuprofen (MOTRIN) tablet

- 400 milligram tablet orally once

Laboratory

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- MAGNESIUM LEVEL, PLASMA
- PHOSPHORUS LEVEL, PLASMA
- LACTIC ACID, PLASMA every 2 hours x 3
- C REACTIVE PROTEIN
- CALCIUM, IONIZED
- CORTISOL, SERUM
- RESPIRATORY VIRAL PANEL BY PCR
- BLOOD CULTURE Quantity: _____; Additional Instructions to Phlebotomist: _____
- CULTURE, URINE
- Blood gas study Arterial Venous Capillary
- TYPE AND SCREEN

IF indicated Select:

- CULTURE, WOUND AND GRAM STAIN [RB]

IF Female of Menstruating Age and No Hysterectomy Select:

- PREGNANCY TEST, SERUM

Radiology and Diagnostic Tests

XR Chest Single , portable,

- stat Reason for exam: _____

Provider Signature: _____ Date: _____ Time: _____