



COFFEE REGIONAL  
MEDICAL CENTER



2 PO

Last Admit Date:

<b>DIAGNOSIS</b>		<b>Severe Sepsis / Septic Shock</b>
<b>ADMIT TO</b> Dr. _____ (with Dr. _____ covering) <input type="checkbox"/> Hospitalist		
<b>STATUS</b> <input type="checkbox"/> Referred for Observation <input type="checkbox"/> Inpatient <input type="checkbox"/> OPS		Expected LOS > two midnights <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
<b>MEDICAL NECESSITY DATA</b> (S&S, LAB/XRAY REPORTS etc)		
<b>SERVICE</b> <input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input checked="" type="checkbox"/> ICU/IMCU <input type="checkbox"/> WH <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pediatrics <input type="checkbox"/> Ortho		
<b>CONDITION</b> <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Poor <input type="checkbox"/> Critical <input type="checkbox"/> Continue DNR		
<b>CONSULT</b> <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Done <input type="checkbox"/> Page on Arrival <input type="checkbox"/> Page in AM		
<b>CONTACT MD</b> <input type="checkbox"/> For any question/problems <input type="checkbox"/> In AM w/ room # <input type="checkbox"/> On arrival to floor <input type="checkbox"/> Further Orders		
<b>VITALS</b> <b>ROUTINE ICU VITAL SIGNS:</b> every 1 hr		
<b>ACTIVITY</b> <input type="checkbox"/> As Tolerated <input type="checkbox"/> Bedrest <input type="checkbox"/> Bathroom Priv. <input type="checkbox"/> With Assistance		
<b>NURSING</b> <input type="checkbox"/> Daily Weight <input type="checkbox"/> I&O every Shift <input type="checkbox"/> Foley Cath <input type="checkbox"/> Wound Care Team <input type="checkbox"/> PT Consult		
<b>DIET</b> <input type="checkbox"/> As Tolerated _____ cal ADA <input type="checkbox"/> Clear Liquids <input type="checkbox"/> NPO <input type="checkbox"/> Except Meds <input type="checkbox"/> Dietary Consult		
<b>IVF</b> NS at _____ ml/hr Plus _____ mEq. KCL/Liter <input type="checkbox"/> Saline Lock		
<b>LAB</b> CBC every 24 hours, BMP every 24 hours, CMP every 48 hours PT (INR), PTT every 8 12 24 hours <b>Lactic Acid:</b> STAT and Daily x 3 CRP, Lipase, Cardiac Profile ( <b>CK, Troponin, CKMB</b> ) on admission and in am. Type and Screen; Type and Cross 4 units PRBCs if Hgb <8 Blood Cultures x 2 from two separate sites NOW prior to antibiotics, if possible. <b>(Do not delay antibiotics)</b> Urinalysis and C&S, Sputum Gram Stain and C&S, Wound Gram Stain and C&S		
<b>IMAGING</b> <input type="checkbox"/> CXR <input type="checkbox"/> P-CXR <input type="checkbox"/> AAS CT _____ WITH WITHOUT Contrast		
<b>CARDIO-PULMONARY</b> EKG		
<b>MEDICATION ORDERS</b> (If Checked)	<input type="checkbox"/> Antibiotics to be initiated after blood cultures collected. Pharmacy to adjust dosage to renal function. <input type="checkbox"/> Rocephin 1/2 1 2 gram(s) IV every 12 24 hrs <input type="checkbox"/> Levofloxacin 750 mgs IV PO every 24 hours <input type="checkbox"/> Zithromax 500mgs IV PO every 24 hours <input type="checkbox"/> Zosyn 4.5 grams IV every 8 hours <input type="checkbox"/> Fortaz 1 2 grams IV every 8 hours <input type="checkbox"/> Gentamycin _____mgs IV every 8 hours <input type="checkbox"/> Other: _____ <input type="checkbox"/> Zofran 2 4 8 mg IV every 3 4 6 hrs PRN nausea <input type="checkbox"/> O <sub>2</sub> : _____L / M NC PRN <input type="checkbox"/> Ventimask _____ % <input type="checkbox"/> Non-RB <input type="checkbox"/> Ventilator per Vent Protocol Orders <input type="checkbox"/> Albuterol / Atrovent nebulizer treatment every 3 4 6 hrs and PRN with pulse oximetry	
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">           Physician Offices—            For the most updated form please visit  <a href="http://www.coffeeregional.org">www.coffeeregional.org</a> and            print from the "For Our Physicians" link.         </div>	

Patient Name and DOB

## SEVERE SEPSIS / SEPTIC SHOCK

### HYPOTENSION (SBP <90 OR MAP <65)

Bolus:  1 Liter  20ml/kg Normal Saline

If not responding to IVF and MAP <65: Initiate Dopamine and titrate to MAP >65 (contact physician if unable to maintain MAP >65 with maximum dose – 2mg/kg/min – Dopamine)

### Check CVP (if Central Line Placed) (Initially and every 4 hours)

If CVP <8mmHg then bolus with 500ml NS wide open over 10 minutes and recheck CVP. Repeat every 10 minutes until CVP 8 – 12mmHg then IVF at 150ml/hr to maintain CVP (Use up to 3 liters for boluses)

### Scoring

1. Re-evaluate Sepsis Screen and Multi-Organ Dysfunction Screen every 12 hours
2. APACHE II (Repeat APACHE II scoring every 12 hours)

### Considerations

1. MD to place Central Line or Pulmonary Artery Catheter for measurement of central venous pressure and central venous oxygen saturation monitoring.
2. IV Steroids

Patient Name and DOB