



Last Admit Date:

DIAGNOSIS		Severe Sepsis / Septic Shock
ADMIT TO Dr. _____ (with Dr. _____ covering) <input type="checkbox"/> Hospitalist		
STATUS <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
MEDICAL NECESSITY DATA (S&S, LAB/XRAY REPORTS etc)		
SERVICE <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		
CONDITION <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Poor <input type="checkbox"/> Critical <input type="checkbox"/> Continue DNR		
CONSULT <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Done <input type="checkbox"/> Page on Arrival <input type="checkbox"/> Page in AM		
CONTACT MD <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		
VITALS ROUTINE ICU VITAL SIGNS: every 1 hr		
ACTIVITY <input type="checkbox"/> As Tolerated <input type="checkbox"/> Bedrest <input type="checkbox"/> Bathroom Priv. <input type="checkbox"/> With Assistance		
NURSING <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		
DIET <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		
IVF NS at _____ ml/hr Plus _____ mEq. KCL/Liter <input type="checkbox"/> Saline Lock		
LAB CBC every 24 hours, BMP every 24 hours, CMP every 48 hours PT (INR), PTT every 8 12 24 hours Lactic Acid: STAT and Daily x 3 CRP, Lipase, Cardiac Profile (CK, Troponin, CKMB) 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. (Do not delay antibiotics) Urinalysis and C&S, Sputum Gram Stain and C&S, Wound Gram Stain and C&S		
IMAGING <input type="checkbox"/> CXR <input type="checkbox"/> P-CXR <input type="checkbox"/> AAS CT _____ WITH WITHOUT Contrast		
CARDIO-PULMONARY EKG		
MEDICATION ORDERS (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 ₂ : _____ 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;"> Physician Offices- For the most updated form please visit www.coffeeregional.org and print from the "For Our Physicians" link. </div>	

LAST, FIRST MNAME ROOM-BED s
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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