MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*		ISSUANCE DATE
DIRECTORATE OF MEDICAL SERVICES PATIENT FORMS	NAVHOSPPNCLAINST 5213.6B	01 Oct 2015

LOCAL FORM TITLE *(Optional)*
SUSPECTED SEPSIS PHYSICIAN ORDERS

DATE: _____ **TIME:** _____

ALLERGIES: _____ ☐ NKDA

1. **Initiate these orders with provider input if there is suspicion of sepsis or early sepsis.**
   Symptoms that could represent or predispose to an early sepsis or sepsis picture include:
   - > Hypotension (systolic BP less than 90)
   - > Tachycardia (heart rate over 100)
   - > Tachypnea (respiratory rate over 20)
   - > Fever (temperature over 101 F)
   - > Immuno-compromised state
   - > Actively treated cancer
   - > Generalized weakness
   - > New onset confusion
   - > Hypothermia temp less than 96.8 F
   - > Current infection (skin, lung, urinary tract, intra-abd, etc)

2. **Laboratory Testing: Order and obtain specimens for the following tests:**

Standing Order unless lined through

- * Serum lactate
- * Metabolic panel
- * Urine culture
- * CBC
- * Urinalysis
- * Chest x-ray
- * 2 sets of blood cultures (2 separate peripheral sites)

Check box for tests to be ordered

- ☐ Set up and consent for LP for CSF panel
- ☐ CT abdomen/pelvis
- ☐ CT head without contrast
- ☐ ABG
- ☐ PT/PTT
- ☐ Sputum C&S and gram stain
- ☐ T&S
- ☐ Wound C&S
- ☐ T&C x _____
- ☐ Other _____

3. **IV FLUIDS:**
Initiate Fluid Resuscitation (Goal - Give boluses within one hour of arrival)

* Give 2 Liters of normal saline IV over 15-30 minutes

OR

If goals of therapy not met after 2 Liters NS bolus plus an additional 1-2 liters NS bolus, consider calling additional resources such as NOD, on-call consultants, Rapid Response Team. Transfer initially to crash, available ICU bed or call 911 for EMS transfer.

(Preferentially given through a central line but can be given peripherally while central access is obtained):

Goals of Therapy: MAP over 65 and St O2 72-95%

- ☐ Norepinephrine start at 2 mcg/min via IV pump; titrate to maintain MAP >65mmHg; max dose 20mcg/min
- ☐ Dopamine start at 5 mcg/kg/min via IV pump; titrate to maintain MAP >65mmHg; max dose 20mcg/kg/min

CONTINUE ON REVERSE SIDE

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
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	RELATIONSHIP TO SPONSOR	

4. Antibiotics:

Suspected intra-abdominal/pelvic/urinary source

☐ Ciprofloxacin 400 mg IV ☐ Zosyn 3.375 gm IVPB

(PENICILLIN ALLERGIC)

☐ Ciprofloxacin 400 mg IV plus Metronidazole 500 mg IVPB

Suspected Skin/Soft Tissue

☐ Clindamycin 900 mg IVPB

☐ Vancomycin 1 gm IVPB

☐ Zosyn 3.375 gm IVPB

☐ Zosyn 3.375 gm IVPB plus Vancomycin 1 gm IVPB plus Clindamycin 900 mg IVPB

(PENICILLIN ALLERGIC)

☐ Aztreonam 1 gm IVPB plus Vancomycin 1 gm IVPB plus Clindamycin 900 mg IVPB

Suspected Pneumonia

☐ Ceftriaxone 1 gm IVPB plus Azithromycin 500mg IVPB

☐ Avelox 400 mg IVPB plus ☐ Ceftriaxone 1gm IVPB OR ☐ Zosyn 3.375 gm IVPB

☐ Vancomycin (add if MRSA concern)

☐ Avelox 400 mg IVPB plus Ceftriaxone 1 gm IVPB plus Vancomycin 1 gm IVPB

(PENICILLIN ALLERGIC)

☐ Avelox 400 mg IVPB plus Aztreonam 1 gm IVPB plus Vancomycin 1 gm IVPB

(PSEUDOMONAS RISK)

☐ Ciprofloxacin 400 mg IVPB plus Zosyn 3.375 gm IVPB plus Vancomycin 1 gm IVPB

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