

Adult Sepsis Order Set

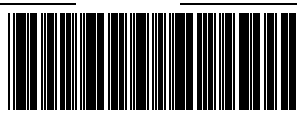
Allergies: <input type="checkbox"/> None known <input type="checkbox"/> Unable to obtain List with reactions: _____	Weight: _____ kg Height: _____ cm
---	--

Additional precautions: Contact Droplet Airborne: _____

Within 15 minutes of identification: Draw blood work and bolus fluids simultaneously	
1. Initial fluids: <input type="checkbox"/> Hypotensive (systolic BP less than 90 mmHg) <input type="checkbox"/> sodium chloride 0.9% (NS) IV bolus 30 mL/kg _____ mL (max 2 L) over 30 min <input type="checkbox"/> Normotensive fluids <input type="checkbox"/> sodium chloride 0.9% (NS) _____ mL over _____ min • Physician re-assessment immediately after first bolus <input type="checkbox"/> Continue with crystalloid bolus <input type="checkbox"/> NS 500mL q15 min and titrate to effect (heart rate less than 100 bpm, systolic BP greater than 90 mmHg, mean arterial pressure (MAP) greater than 65 mmHg, and urine output greater than 0.5 mL/kg/h) <input type="checkbox"/> Lactated Ringer's 500 mL q15 min and titrate to effect (heart rate less than 100 bpm, systolic BP greater than 90 mmHg, mean arterial pressure (MAP) greater than 65 mmHg, and urine output greater than 0.5 mL/kg/h)	
STAT 2. Sepsis panel <input type="checkbox"/> CBC <input type="checkbox"/> C-reactive protein <input type="checkbox"/> Lactate <input type="checkbox"/> Blood cultures x 2 (taken at 2 different sites) <input type="checkbox"/> INR, PTT <input type="checkbox"/> Crossmatch blood: _____ units <input type="checkbox"/> Calcium, albumin <input type="checkbox"/> Blood gas (venous or arterial) <input type="checkbox"/> ECG <input type="checkbox"/> E7 (Na+, K+, Cl-, CO ₂ , urea, Cr, glucose)	<div style="border: 1px solid black; padding: 5px;"> Time of blood cultures: _____ </div> <input type="checkbox"/> CXR <input type="checkbox"/> Urinalysis/BHCG urine <input type="checkbox"/> Urine C&S
<input type="checkbox"/> Additional labs: _____	
• Continuous cardiac monitoring. Document vital signs q15minutes and PRN	

Within 45 minutes of identification: Determine presence of sepsis or septic shock	
<input type="checkbox"/> Systolic BP less than 90 mmHg after 30 mL/kg NS bolus or <input type="checkbox"/> Serum lactate greater than 4 mmol/L or <input type="checkbox"/> Organ dysfunction (any of the following) <input type="checkbox"/> Altered level of consciousness (LOC) <input type="checkbox"/> INR greater than 1.5 or PTT greater than 60 seconds <input type="checkbox"/> Oxygen deficit <input type="checkbox"/> Platelets less than 100 x 10 ⁹ /L <input type="checkbox"/> Urine output less than 0.5 mL/kg/h <input type="checkbox"/> Total bilirubin greater than 70 mmol/L	
<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Yes to any of the above → Notify physician → Start antibiotic stat <input type="checkbox"/> No → Use clinical judgement and consider early antibiotics (within 3 hours of assessment). </div>	

Physician signature: _____ **College ID:** _____ **Date:** _____ **Time:** _____



Adult Sepsis Order Set

Note: Orders below are empiric and should be reassessed within 48 hours for possible optimization based on culture results. Antibiotic doses may require adjustment for renal dysfunction. Consult pharmacist if needed.

Initial antibiotic orders	Initial antibiotic orders: Penicillin allergy** (see below) Requires previously documented anaphylactic reaction
CNS infection	
<input type="checkbox"/> dexamethasone 10 mg IV q6h x 2 days First dose before or with first dose of antibiotics <input type="checkbox"/> cefTRIAxone 2 g IV q12h Plus vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h* If patient at risk for <i>listeria</i> (age over 50 years, pregnant or immunocompromised) add: <input type="checkbox"/> ampicillin 2 g IV q4h	<input type="checkbox"/> dexamethasone 10 mg IV q6h x 2 days First dose before or with first dose of antibiotics <input type="checkbox"/> cefTRIAxone** 2 g IV q12h Plus vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h* If patient at risk for <i>listeria</i> (age over 50 years, pregnant or immunocompromised) add: <input type="checkbox"/> sulfamethoxazole and trimethoprim 5 mg/kg (per trimethoprim component) ___ IV q6h
Febrile neutropenia	
• Use 10-111-5100 Adult Febrile Neutropenia Order Set	
Community acquired pneumonia	
<input type="checkbox"/> cefTRIAxone** 2 g IV q24h Plus azithromycin 500 mg IV q24h	If MRSA known or suspected, add: <input type="checkbox"/> vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*
Hospital acquired pneumonia	
<input type="checkbox"/> piperacillin-tazobactam 4.5 g IV q6h Plus ciprofloxacin 400 mg IV q8h If MRSA known or suspected, add: <input type="checkbox"/> vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*	<input type="checkbox"/> meropenem 1 g IV q8h, Plus ciprofloxacin 400 mg IV q8h If MRSA known or suspected, add: <input type="checkbox"/> vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*
Gastrointestinal source	
<input type="checkbox"/> piperacillin-tazobactam 4.5 IV q6h	<input type="checkbox"/> meropenem 1 g IV q8h Plus vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*
Urinary source	
<input type="checkbox"/> piperacillin-tazobactam 3.375 g IV q6h <i>Consider ESBL coverage (use meropenem instead) if recent (within previous 3 months) use of cephalosporins or fluoroquinolones</i>	<input type="checkbox"/> meropenem 1 g IV q8h Plus vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*
Skin and soft tissue	
Non-purulent	Non-purulent
<input type="checkbox"/> ceFAZolin 2 g IV q8h	<input type="checkbox"/> vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*
Purulent or abscess (MRSA suspected)	Purulent or abscess (MRSA suspected)
<input type="checkbox"/> vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*	<input type="checkbox"/> vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*
Necrotizing fasciitis/Fournier's gangrene	Necrotizing fasciitis/ Fournier's Gangrene
<input type="checkbox"/> piperacillin-tazobactam 4.5 g IV q6h Plus clindamycin 900 mg IV q8h <input type="checkbox"/> IVIG 2 g/kg (see 10-200-5030 IVIG Physician Request)	<input type="checkbox"/> meropenem 1g IV q8h Plus clindamycin 900 mg IV q8h <input type="checkbox"/> IVIG 2 g/kg (see 10-200-5030 IVIG Physician Request)
Diabetic foot	Diabetic foot
<input type="checkbox"/> piperacillin-tazobactam 3.375 g IV q6h	<input type="checkbox"/> meropenem 1 g IV q8h
If MRSA suspected add:	If MRSA suspected add:
<input type="checkbox"/> vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*	<input type="checkbox"/> vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*
Source unknown	
<input type="checkbox"/> piperacillin-tazobactam 4.5 g IV q6h Plus vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*	<input type="checkbox"/> meropenem 1 g IV q8h Plus vancomycin (25 mg/kg) ___ IV x 1 dose, then (15 mg/kg) ___ IV q8h*

*Max 2 g/dose. Always consult pharmacy for dose adjustment after first dose. If after hours, contact on-call pharmacist. Adjust for renal dysfunction.

**Cross reactivity between penicillins and 1st generation and some 2nd generation cephalosporins is rare (approximately 1% in reported penicillin allergy and 2.55% in confirmed allergy) but is negligible with 3rd and 4th generation.

Physician signature: _____ College ID: _____ Date: _____ Time: _____

<p>Within 1 hour of sepsis/septic shock identification</p> <p>1. Identify most likely source of infection</p> <ul style="list-style-type: none"> • Consider ancillary investigations. (Do not delay antibiotic therapy for ancillary investigation.) <p><input type="checkbox"/> Wounds C&S <input type="checkbox"/> Sputum C&S <input type="checkbox"/> Lumbar puncture <input type="checkbox"/> CT scan: _____</p> <p>2. Consult internist on call and continue protocol.</p> <p>3. Consider transfer to higher level of care and notify PTN 1-866-233-2337</p> <p>4. Other therapies/investigations:</p> <p><input type="checkbox"/> Oxygen to keep sats more than 92% (89% if history of COPD)</p> <p><input type="checkbox"/> Serum lactate q3h</p> <p>5. Other considerations and suggestions:</p> <p><input type="checkbox"/> Intubation</p> <p><input type="checkbox"/> Source control maneuvers (drainage and debridement)</p> <p><input type="checkbox"/> NPO</p> <p><input type="checkbox"/> Foley catheter and monitor intake and urine output</p> <p><input type="checkbox"/> Gastric tube</p>
--

Consider transfer to a higher level of care

<p>Within 6 hours of identifying sepsis/septic shock</p> <p>1. Fluid challenge/resuscitation</p> <p><input type="checkbox"/> Lactated ringer's (LR) 500 mL bolus IV/intraosseus q15minutes</p> <ul style="list-style-type: none"> • Goals: HR less than 100 bpm, MAP greater than 65 mmHg, and urine output greater than 0.5 mL/kg/h <p><input type="checkbox"/> norepinephrine IV infusion</p> <ul style="list-style-type: none"> • Start infusion if MAP less than 65 mmHg after 2 L crystalloid • Start at 2 mcg/minute and titrate upward to MAP greater than 65 mmHg <p>2. Hematocrit: <input type="checkbox"/> Is less than 30, transfuse as needed</p> <p>3. Other medications:</p> <p><input type="checkbox"/> hydrocortisone 50 mg IV/intraosseus q6h</p> <ul style="list-style-type: none"> • If patient is not responding to fluid and vasopressor therapy • If patient has history of chronic glucocorticoid use

Adapted from Ottawa ED STEP Protocol poster (C Poulin, 2010)

References:

- BC Patient Safety & Quality Council Emergency Department Sepsis Guidelines (updated 2017) (<https://bcpsqc.ca/clinical-improvement/sepsis/emergency-department-sepsis/guidelines>)
- Sepsis Campaign International Guidelines (www.survivingsepsis.org/Guidelines)
- a-SOFA (<http://www.qsofa.org>)
- 10-020-5085 Adult Sepsis Triage Screen