



ED Sepsis Single Phase EKM

Patient Care

Nursing Procedures:

- Peripheral IV Insertion
- Peripheral IV Insertion Second site
- May Use (Specify) May Access Port
- Cardiac Monitor
- Continuous Oxygen Saturation

Sepsis Labs:

- ****Initial lactate should be collected within 3 hours of sepsis presentation, and repeated within 6 hours if initial lactate greater than 2 mmol/L**

Blood cultures should be obtained before antibiotics (without causing delay in antibiotic administration) and within 3 hours of sepsis presentation

- CBC w/Differential Blood, Stat, Results Needed: Stat
- BMP Blood, Stat, Results Needed: Stat
- CMP Blood, Stat, Results Needed: Stat

- **Venous lactate- Auto repeats in 2 hours if Lactate greater than 2 mmol/L**

- Lactate PI Venous QN Blood, Stat, Results Needed: Stat
- Lactate Bld Venous QN Blood, Stat, Results Needed: Stat *Repeat in 2 hr if greater than 2 mmol/L*
- Lactate GEM POC STAT, ONCE, Venous, Repeat in 2 hr if greater than 2 mmol/L
- Blood Culture Blood, Peripheral, Stat, Results Needed: Routine *Site 1: Prior to ATB w/o causing delay*
- Blood Culture Blood, Peripheral, Stat, Results Needed: Routine *Site 2: Prior to ATB w/o causing delay*

● OR

- **Collect specimens are only for nurse to HOLD blood cultures:**

- Collect Specimen Blood culture (Site #1 peripheral stick and prior to antibiotic administration but without causing delay; Document collection DATE and TIME in CERNER 'Special Charting' and label specimen; HOLD until provider order entered)
- Collect Specimen Blood culture (Site #2 peripheral stick and prior to antibiotic administration but without causing delay; Document collection DATE and TIME in CERNER 'Special Charting' and label specimen; HOLD until provider order entered)
- Venous Blood Gas QN Blood, Stat, Results Needed: Stat
- Venous Blood Gas POC STAT, ONCE
- Urinalysis w Culture Rflx Urine, Stat, Results Needed: Stat
- Urine Kit-Extra Specimens Urine Kit, Stat, Results Needed: Stat
- Sputum Culture + Stain (choose one):
 - **Sputum, Now, Results Needed Routine**
 - Tracheal Aspirate, Now, Results Needed Routine
- Wound Culture + Stain Now, Results Needed: Routine
- COVID 19 PCR Stat, Results Needed: Stat
- Procalcitonin Blood, Stat, Results Needed: Stat

- **IU Health High Sensitivity Troponin ADP**

- Troponin-I High Sensitivity Blood, Stat, Results Needed: Stat, Hourly for 2 Times
- BNP PI QN Blood, Stat, Results Needed: Stat
- PTINR Blood, Stat, Results Needed: Stat
- Lipase SerPI QN Blood, Stat, Results Needed: Stat
- Urine HCG POC STAT, ONCE
- Preg Test Ur Urine, Stat, Results Needed: Stat

Physician's Signature: _____ Print Name: _____ Date: _____ Time: _____



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- *Pulmonary Services*
 - Nasal Cannula 2 LPM
 - Titrate FiO2 to Keep O2 Sat Greater Than or Equal: 92%
- *Radiology Services*
 - XR Chest PA or AP Portable
 - XR Chest PA and Lateral
 - CT Abd/Pelvis W/O IV Contrast
- *Cardiovascular Services*
 - Electrocardiogram (choose one):
 - For: **Tachycardia**
 - For: Hypotension
 - For: Other:(Must Specify)
- **SEPSIS WORK UP-LABS-RAD-FLUIDS**

Continuous Infusions

IV Resuscitation:

- *NOT persistently hypotensive (SBP <90 or MAP <65) and lactate less than 4 mmol/L*
 - Lactated Ringers Bolus (choose one):
 - 1,000 mL, IVPB, Infusion, X 1 Dose, STAT, Infuse Over 30 Minutes** Bolus should not be administered via smart pump. If MAP less than 65 mmHg after bolus notify provider
 - 2,000 mL, IVPB, Infusion, X 1 Dose, STAT, Infuse Over 30 Minutes** Bolus should not be administered via smart pump. If MAP less than 65 mmHg after bolus notify provider
- **-OR-**
 - Sodium Chloride 0.9% Bolus (choose one):
 - 1,000 mL, IVPB, Infusion, X 1 Dose, STAT, Infuse Over 30 Minutes** Bolus should not be administered via smart pump. If MAP less than 65 mmHg after bolus notify provider
 - 2,000 mL, IVPB, Infusion, X 1 Dose, STAT, Infuse Over 30 Minutes** Bolus should not be administered via smart pump. If MAP less than 65 mmHg after bolus notify provider
- *Persistently hypotensive (SBP <90 or MAP <65) and/or lactate equal to or greater than 4 mmol/L*
- *Always choose 30 ml/kg bolus if LACTATE EQUAL TO OR GREATER THAN 4 mmol/L and/or persistently hypotensive, defined as SBP less than 90 or MAP less than 65mmHg.*



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- 40 kg = 1200 mL
- 70 kg = 2100 mL
- 100 kg = 3000 mL
- 130 kg = 3900 mL
- 50 kg = 1500 mL
- 80 kg = 2400 mL
- 110 kg = 3300 mL
- 140 kg = 4200 mL
- 60 kg = 1800 mL
- 90 kg = 2700 mL
- 120 kg = 3600 mL
- 150 kg = 4500 mL

● Reason For Not Ordering 30mL/kg crystalloid fluid:

● If less than 30 ml/kg administered to a patient with hypotension and/or a lactate greater than or equal to 4 mmol/L, select message to nursing order and document reason for not giving 30 ml/kg. This MUST be documented below. Provider to utilize orders in section above for non-weight based fluids.

Message to Nursing (choose one):

Reason for not ordering crystalloid fluid 30 mL/kg: Portion of crystalloid administered prior to orderset initiation

Reason for not ordering crystalloid fluid 30 mL/kg: Advanced or end-stage heart failure (NYHA class III or IV)

Reason for not ordering crystalloid fluid 30 mL/kg: Advanced of end-stage chronic renal disease

Reason for not ordering crystalloid fluid 30 mL/kg: Portion of crystalloid volume administered as colloids

● -OR-

● 30 ml/kg calculates based on ACTUAL body weight

Lactated Ringers Bolus 30 mL/kg, IVPB, Infusion, X 1 Dose, STAT, Infuse Over 30 Minutes *Bolus should not be administered via smart pump. Document initial 1000 mL bolus on this order. Use the linked unscheduled PRN order to document subsequent bolus dosing to equal 30 ml/kg (ideal body weight)*

Lactated Ringers Bolus 1,000 mL, IVPB, Infusion, Unscheduled, PRN, Other-See Comments, Infuse Over 30 Minutes *Bolus should not be administered via smart pump. After initial bolus, repeat every 30 minutes until 30 ml/kg is administered (total volume listed in linked ONCE order)*

● -OR-

Sodium Chloride 0.9% Bolus 30 mL/kg, IVPB, Infusion, X 1 Dose, Infuse Over 30 Minutes *Bolus should not be administered via smart pump. Document initial 1000 mL bolus on this order. Use unscheduled PRN order to document subsequent bolus dosing to equal 30 ml/kg*

Sodium Chloride 0.9% Bolus 1,000 mL, IVPB, Infusion, Unscheduled, PRN, Other-See Comments, Infuse Over 30 Minutes *Bolus should not be administered via smart pump. After initial bolus, repeat every 30 minutes until 30 ml/kg is administered (total volume listed in linked ONCE order)*

Maintenance Infusions:

Sodium Chloride 0.9% (choose one):

Physician's Signature: _____ Print Name: _____ Date: _____ Time: _____



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- 1,000 mL, IV, 150 mL/hr
- 1,000 mL, IV, 200 mL/hr
- Lactated Ringers (choose one):
 - 1,000 mL, IV, 150 mL/hr
 - 1,000 mL, IV, 200 mL/hr

Medications

Anti-pyretics:

- acetaminophen (choose one):
 - 650 mg, Orally, Tablet, X 1 Dose
 - 650 mg, Rectally, Suppository, STAT

Antimicrobials:

- Please refer to the separate Emergency Evaluation, '_Subphase Unknown / Other Source_s e p s i s'
- Please refer to the separate Emergency Evaluation, '_Subphase R e s p Community Acquired_s e p s i s'
- Please refer to the separate Emergency Evaluation, '_Subphase R e s p Healthcare Acquired_s e p s i s'
- Please refer to the separate Emergency Evaluation, '_Subphase Intra-A b d o m i n a l_s e p s i s'
- Please refer to the separate Emergency Evaluation, '_Subphase M e n i n g i t i s_s e p s i s'
- Please refer to the separate Emergency Evaluation, '_Subphase N e u t r o p e n i c F e v e r_s e p s i s'
- Please refer to the separate Emergency Evaluation, '_Subphase S o f t T i s s u e W / W O N e c F a s c i i t i s_s e p s i s'
- Please refer to the separate Emergency Evaluation, '_Subphase U r i n a r y_s e p s i s E K M'

Vasopressors:

- ****Consider if unable to obtain MAP greater than 65 mmHg after fluid resuscitation****
- Norepinephrine generally considered first line vasopressor option*
 - NORepinephrine 8 mg in Sodium Chloride 0.9% 250 mL - Adult titrate (mCg/min): NORepinephrine additive 8 mg + Sodium Chloride 0.9% IV, Titrate - See Commnets -Start at: 5 mCg/min
 - Titrate Parameters: Titrate by 1-5 mCg/min every 2 minutes to keep MAP greater than 65 mmHg
 - Maximum dose: 30 mCg/min
 - Call MD if goal not obtained and maximum dose reached
 - Wean off using same titration rules as long as meeting goal
- Vasopressin 20 units in Sodium Chloride 0.9% 50 mL - Adult fixed rate: vasopressin additive 20 Units, 0.03 Units/min + Sodium Chloride 0.9% IV DO NOT TITRATE
- EPINEPHrine 4 mg in Sodium Chloride 0.9% 250 mL - titrate: EPINEPHrine additive 4 mg + Sodium Chloride 0.9% IV, Titrate - See Comments -Start at: 0.05 mCg/kg/min
- Titrate Parameters: Titrate by 0.01-0.05 mCg/kg/min every 2 minutes to keep MAP greater than 65 mmHg
- Maximum dose 2 mCg/kg/min
- Call MD if goal not obtained and maximum dose reached
- Wean off using same titration rules as long as meeting goal

Antibiotics:

- **IM Antibiotic Options**
- To be used only if unable to obtain IV or IO access in a timely manner*
 - cefePIME 1 GM, IM, Injection, ONCE, STAT Dilute cefepime 1gm vial with 2.4 mL of 0.9% sodium chloride for final concentration of 280 mg/mL. Total amount of reconstituted volume to be withdrawn is 3.6 mL
 - ceftrIAXone 1 GM, IM, Injection, ONCE, STAT Dilute with 2.1 mL of lidocaine 1% for total concentration of 350 mg/mL
- **-AND-**
 - lidocaine 1% inj DILUENT See ceftrIAXone order, Other, Injection, ONCE, STAT Use 2.1 mL to dilute ceftriaxone 1g for IM administration

Other Departments

Physician's Signature: _____ Print Name: _____ Date: _____ Time: _____



Indiana University Health

Patient Label

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Sepsis Tracking

Physician's Signature: _____ Print Name: _____ Date: _____ Time: _____