



Indiana University Health
ED Sepsis Single Phase

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Date	Time	Physician Orders												
		SEPSIS WORK UP-LABS-RAD-FLUIDS												
		Labs												
		<p>**Initial lactate should be collected within 3 hours of sepsis presentation, and repeated within 6 hours if initial lactate >2 mmol/L (18 mg/dL Union only). Blood cultures should be obtained before antibiotics (without causing delay in antibiotic administration) and within 3 hours of sepsis presentation.</p> <p><input type="checkbox"/> CBC with differential x 1 STAT <input type="checkbox"/> BMP x 1 STAT <input type="checkbox"/> CMP x 1 STAT</p> <p>Note: Lactate Auto repeats in 2 hours if Lactate >2 mmol/L or (18 mg/dL Union only):</p> <p><input type="checkbox"/> Venous lactate x 1 STAT <input type="checkbox"/> Blood cultures STAT (Site #1 peripheral stick and prior to antibiotic administration but without causing delay) <input type="checkbox"/> Blood cultures STAT (Site #2 peripheral stick and prior to antibiotic administration, but without causing delay)</p> <p><input type="checkbox"/> Urine Analysis with reflex culture x 1 STAT <input type="checkbox"/> Culture Respiratory secretions (tracheal aspirate or sputum) x 1 Now <input type="checkbox"/> Wound culture Location _____ <input type="checkbox"/> Troponin STAT <input type="checkbox"/> BNP STAT <input type="checkbox"/> PT/INR STAT <input type="checkbox"/> Lipase <input type="checkbox"/> Pregnancy Test HCG POC STAT <input type="checkbox"/> Pregnancy Test Urine STAT</p>												
		Pulmonary												
		<input type="checkbox"/> Nasal O2 2L Titrate to Sat O2 92% or greater												
		Radiology												
		<input type="checkbox"/> Chest Pain Portable <input type="checkbox"/> CXR Two-View <input type="checkbox"/> CT Abdominal Pelvis Indication: _____												
		IV Resuscitation												
		<p>**Resuscitation Goal within 3 hours: 30 ml/kg if persistently hypotensive</p> <table border="1"> <tbody> <tr> <td>40 kg = 1200 mL</td> <td>70 kg = 2100 mL</td> <td>100 kg = 3000 mL</td> <td>130 kg = 3900 mL</td> </tr> <tr> <td>50 kg = 1500 mL</td> <td>80 kg = 2400 mL</td> <td>110 kg = 3300 mL</td> <td>140 kg = 4200 mL</td> </tr> <tr> <td>60 kg = 1800 mL</td> <td>90 kg = 2700 mL</td> <td>120 kg = 3600 mL</td> <td>150 kg = 4500 mL</td> </tr> </tbody> </table> <p>NOTE: Always choose 30 ml/kg bolus if LACTATE EQUAL TO OR GREATER THAN 4 mmol/L (or 36 mg/dL Union only) and/or persistently hypotensive, defined as SBP < 90 or MAP < 65mmHg.</p> <p><input type="checkbox"/> Lactated Ringers 30 ml/kg IV STAT over 30 minutes (default) Comments: Document initial 1000 mL bolus on this order. Use the linked unscheduled PRN order to document subsequent bolus dosing to equal 30 ml/kg <input type="checkbox"/> Lactated Ringers 1,000 mL (drop down for 500 mL), Unscheduled PRN</p>	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
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											
	Drop down 4													

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Orders/Protocols





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Date	Time	Physician Orders
	Drop down 4	<p>Comment: After initial bolus, repeat every 30 minutes until 30 ml/kg is administered (total volume listed in linked ONCE order)</p> <p><input type="checkbox"/> Lactated Ringers 1,000 mL bolus, IV STAT over 30 minutes; Comments: If MAP less than 65 mmHg after bolus notify provider</p> <p><input type="checkbox"/> Lactated Ringers 500 ml bolus IV STAT over 30 minutes Comments: If MAP less than 65 mmHg after bolus notify provider</p> <p>OR</p> <p><input type="checkbox"/> 0.9% Sodium Chloride 30 ml/kg IV STAT over 30 minutes Comments: Document initial 1000 mL bolus on this order. Use unscheduled PRN order to document subsequent bolus dosing to equal 30 ml/kg</p> <p><input type="checkbox"/> 0.9% Sodium Chloride 1,000 mL (drop down for 500 mL), Unscheduled PRN Comment: After initial bolus, repeat every 30 minutes until 30 ml/kg is administered (total volume listed in linked ONCE order)</p> <p><input type="checkbox"/> 0.9% Sodium Chloride 1,000 mL bolus, IV STAT over 30 minutes; Comments: If MAP less than 65 mmHg after bolus notify provider</p> <p><input type="checkbox"/> 0.9% Sodium Chloride 500 ml bolus IV STAT over 30 minutes Comments: If MAP less than 65 mmHg after bolus notify provider</p>
		Maintenance Infusions
		<p><input type="checkbox"/> NaCl 0.9% 1000mL at rate of <input type="checkbox"/> 100 mL/Hr (DEF) (Drop Down: <input type="checkbox"/> 150 mL/hr; <input type="checkbox"/> 200 mL/hr)</p> <p><input type="checkbox"/> Lactated ringers 1000mL IV at rate of <input type="checkbox"/> 100 mL/Hr (DEF) (Drop Down: <input type="checkbox"/> 150 mL/hr; <input type="checkbox"/> 200 mL/hr)</p>
		ANTIMICROBIAL DOSING (8 options below)
		Unknown/Other Source
LINK 3		<p><input type="checkbox"/> Piperacillin/tazobactam 4.5 gm IV Push x 1 STAT; Comments: Dilute vial with 20 mL of 0.9% NaCl or sterile water and administer slow IV push over 3 minutes. For use in the Emergency Department adult only.</p> <p>AND</p> <p><input type="checkbox"/> Piperacillin/tazobactam 3.375 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 4.5g if greater than 120 kg.</p> <p>AND</p> <p><input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT</p> <p><input type="checkbox"/> less than 45 kg: vancomycin 1 gm</p> <p><input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm</p> <p><input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm</p> <p><input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm</p> <p>Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg **SEPSIS**</p>

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Date	Time	Physician Orders
LINK 4		<p>For patients with non-anaphylactic PCN allergies:</p> <p><input type="checkbox"/> Cefepime 2 gm IV push x 1 STAT Comments: RN to dilute vial with 20 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only.</p> <p>AND</p> <p><input type="checkbox"/> Cefepime 1 gm IVPB infuse over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg.</p> <p>AND</p> <p><input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT</p> <p><input type="checkbox"/> less than 45 kg: vancomycin 1 gm</p> <p><input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm</p> <p><input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm</p> <p><input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm</p> <p>Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS**</p> <p>AND</p> <p><input type="checkbox"/> Metronidazole 500 mg IVPB x 1 STAT</p>
	LINK 4	<p>For patients with anaphylactic beta-lactam allergy</p> <p><input type="checkbox"/> Aztreonam 2 gm IV Push, ONCE, STAT Comments: RN to dilute vial with 10 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only.</p> <p>AND</p> <p><input type="checkbox"/> Aztreonam 1 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg.</p> <p>AND</p> <p><input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT</p> <p><input type="checkbox"/> less than 45 kg: vancomycin 1 gm</p> <p><input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm</p> <p><input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm</p> <p><input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm</p> <p>Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS**</p> <p>AND</p> <p><input type="checkbox"/> Metronidazole 500 mg IVPB x 1 STAT</p>
		<p>If pseudomonas or other resistant gram-negative organism is suspected, consider adding</p> <p><input type="checkbox"/> Tobramycin 7 mg/kg IVPB x 1 STAT</p> <p><input type="checkbox"/> Tobramycin 5 mg/kg IVPB x 1 STAT (for patients with estimated CrCl < 30 mL/min)</p>

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Date	Time	Physician Orders
		Respiratory: Community Acquired
LINK 2		<input type="checkbox"/> Ceftriaxone 2 gm IV Push with Comments: RN to dilute vial with 20 mL of 0.9% NaCl or sterile water and administer slow IV push 3-5 minutes x 1 STAT. For use in the Emergency Department adult only. AND <input type="checkbox"/> Azithromycin 500 mg IVPB x 1 STAT
		Note: Consider MRSA coverage if recent influenza, IVDA, necrotizing pneumonia, homelessness, or previous MRSA infection. <input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT <input type="checkbox"/> less than 45 kg: vancomycin 1 gm <input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm <input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm <input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS**
LINK 4		For patients with anaphylactic beta-lactam allergy: <input type="checkbox"/> Aztreonam 2 gm IV Push, ONCE, STAT; RN to dilute vial with 10 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes AND <input type="checkbox"/> Aztreonam 1 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg. AND <input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT <input type="checkbox"/> less than 45 kg: vancomycin 1 gm <input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm <input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm <input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS** AND <input type="checkbox"/> Azithromycin 500 mg IVPB x 1 STAT
		Respiratory: Healthcare Acquired
LINK 4		<input type="checkbox"/> Cefepime 2 gm IV push x 1 STAT Comments: RN to dilute vial with 20 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only. AND <input type="checkbox"/> Cefepime 1 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg. AND

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LINK 4		<input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT <input type="checkbox"/> less than 45 kg: vancomycin 1 gm <input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm <input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm <input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS** AND <input type="checkbox"/> Azithromycin 500 mg IVPB x 1 STAT For patients with non-anaphylactic cephalosporin allergy <input type="checkbox"/> Piperacillin/tazobactam 4.5 gm IV Push x 1 STAT; Comments: RN to dilute vial with 20 mL of 0.9% NaCl or sterile water and administer slow IV push over 3 minutes. For use in the Emergency Department adult only. AND <input type="checkbox"/> Piperacillin/tazobactam 3.375 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 4.5g if greater than 120 kg. AND <input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT <input type="checkbox"/> less than 45 kg: vancomycin 1 gm <input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm <input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm <input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS** AND <input type="checkbox"/> Azithromycin 500 mg IVPB x 1 STAT
		For patients with anaphylactic beta-lactam allergy <input type="checkbox"/> Aztreonam 2 gm IV Push, ONCE, STAT Comments: RN to dilute vial with 10 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only. AND <input type="checkbox"/> Aztreonam 1 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg. AND <input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT <input type="checkbox"/> less than 45 kg: vancomycin 1 gm <input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm <input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm <input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm

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		<p>Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS**</p> <p>AND</p> <p><input type="checkbox"/> Azithromycin 500 mg IVPB x 1 STAT</p> <p>If pseudomonas or other resistant gram-negative organism suspected, consider adding</p> <p><input type="checkbox"/> Tobramycin 7 mg/kg IVPB x 1 STAT</p> <p><input type="checkbox"/> Tobramycin 5 mg/kg IVPB x 1 STAT (for patients with estimated CrCl < 30 mL/min)</p>
		Urinary
LINK 2		<p><input type="checkbox"/> Ampicillin 2 gm, IVPB, Q4H for 3 doses, STAT</p> <p>AND</p> <p><input type="checkbox"/> Gentamicin 5 mg/kg, IVPB, ONCE, STAT</p>
LINK 2		<p>For patients with non-anaphylactic PCN allergies:</p> <p><input type="checkbox"/> Cefazolin 2 gm IV Push, ONCE, STAT</p> <p>Comments: Dilute each vial with 10 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only.</p> <p>AND</p> <p><input type="checkbox"/> Gentamicin 5 mg/kg, IVPB, ONCE, STAT</p>
LINK 3		<p>For patients with anaphylactic beta-lactam allergies:</p> <p><input type="checkbox"/> Aztreonam 2 gm IV Push, ONCE, STAT</p> <p>Comments: RN to dilute vial with 10 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only.</p> <p>AND</p> <p><input type="checkbox"/> Aztreonam 1 gm IVPB over 4 hours, ONCE, T+4 hrs</p> <p>Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg.</p> <p>AND</p> <p><input type="checkbox"/> vancomycin IVPB over 2 hours, ONCE, STAT</p> <p><input type="checkbox"/> less than 45 kg: vancomycin 1 gm</p> <p><input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm</p> <p><input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm</p> <p><input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm</p> <p>Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS**</p>
		Intra-abdominal
LINK 2		<p><input type="checkbox"/> Piperacillin/tazobactam 4.5 gm IV Push x 1 STAT</p> <p>Comments: RN to dilute vial with 20 mL of 0.9% NaCl or sterile water and administer slow IV push over 3 minutes. For use in the Emergency Department adult only.</p>

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LINK 3		<p>AND</p> <p><input type="checkbox"/> Piperacillin/tazobactam 3.375 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 4.5g if greater than 120 kg.</p>
		<p>For patients with non-anaphylactic PCN allergies:</p> <p><input type="checkbox"/> Cefepime 2 gm IV push x 1 STAT Comments: RN to dilute vial with 20 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only.</p> <p>AND</p> <p><input type="checkbox"/> Cefepime 1 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg.</p> <p>AND</p> <p><input type="checkbox"/> Metronidazole 500 mg IVPB x 1 STAT</p>
LINK 4		<p>For patients with anaphylactic beta-lactam allergies:</p> <p><input type="checkbox"/> Aztreonam 2 gm IV Push, ONCE, STAT Comments: RN to dilute vial with 10 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only.</p> <p>AND</p> <p><input type="checkbox"/> Aztreonam 1 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg.</p> <p>AND</p> <p><input type="checkbox"/> Metronidazole 500 mg IVPB x 1 STAT</p> <p>AND</p> <p><input type="checkbox"/> vancomycin IVPB over 2 hours, ONCE, STAT</p> <p><input type="checkbox"/> less than 45 kg: vancomycin 1 gm</p> <p><input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm</p> <p><input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm</p> <p><input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm</p> <p>Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS**</p>
		<p>If pseudomonas or other resistant gram-negative organism suspected, consider adding</p> <p><input type="checkbox"/> Tobramycin 7 mg/kg IVPB x 1 STAT</p> <p><input type="checkbox"/> Tobramycin 5 mg/kg IVPB x 1 STAT (for patients with estimated CrCl < 30 mL/min)</p>
		Soft Tissue Infection including Necrotizing Fasciitis
LINK 3		<p><input type="checkbox"/> Piperacillin/tazobactam 4.5 gm IV Push x 1 STAT; Comments: RN to dilute vial with 20 mL of 0.9% NaCl or sterile water and administer slow IV push over 3 minutes. For use in the Emergency Department adult only.</p>

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LINK 4		<p>AND</p> <p><input type="checkbox"/> Piperacillin/tazobactam 3.375 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 4.5g if greater than 120 kg.</p> <p>AND</p> <p><input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT</p> <p><input type="checkbox"/> less than 45 kg: vancomycin 1 gm</p> <p><input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm</p> <p><input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm</p> <p><input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm</p> <p>Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS**</p>
		<p>If necrotizing fasciitis, add:</p> <p><input type="checkbox"/> Clindamycin 900 mg IVPB, Q8 hours for 2 dose STAT</p>
		<p>For patients with non-anaphylactic PCN allergies:</p> <p><input type="checkbox"/> Cefepime 2 gm IV push x 1 STAT Comments: RN to dilute vial with 20 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only.</p> <p>AND</p> <p><input type="checkbox"/> Cefepime 1 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg.</p> <p>AND</p> <p><input type="checkbox"/> Metronidazole 500 mg IVPB x 1 STAT</p> <p>AND</p> <p><input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT</p> <p><input type="checkbox"/> less than 45 kg: vancomycin 1 gm</p> <p><input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm</p> <p><input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm</p> <p><input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm</p> <p>Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS**</p>
		<p>For patients with anaphylactic beta-lactam allergy</p> <p><input type="checkbox"/> Aztreonam 2 gm IV Push, ONCE, STAT Comments: RN to dilute vial with 10 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only.</p> <p>AND</p> <p><input type="checkbox"/> Aztreonam 1 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4</p>
LINK 4		

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		<p>hours. Pharmacy to adjust to 2 gm if greater than 120 kg.</p> <p>AND</p> <p><input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT</p> <p><input type="checkbox"/> less than 45 kg: vancomycin 1 gm</p> <p><input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm</p> <p><input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm</p> <p><input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm</p> <p>Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS**</p> <p>AND</p> <p><input type="checkbox"/> Metronidazole 500 mg IVPB x 1 STAT</p>
		Neutropenic Fever
LINK 3		<p><input type="checkbox"/> Cefepime 2 gm IV push x 1 STAT</p> <p>Comments: RN to dilute vial with 20 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only.</p> <p>AND</p> <p><input type="checkbox"/> Cefepime 1 gm IVPB infuse over 4 hours, ONCE, T+4 hrs</p> <p>Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg.</p> <p>AND</p> <p><input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT</p> <p><input type="checkbox"/> less than 45 kg: vancomycin 1 gm</p> <p><input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm</p> <p><input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm</p> <p><input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm</p> <p>Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS**</p>
LINK 3		<p>For patients with anaphylactic beta-lactam allergy</p> <p><input type="checkbox"/> Aztreonam 2 gm IV Push, ONCE, STAT</p> <p>Comments: RN to dilute vial with 10 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only.</p> <p>AND</p> <p><input type="checkbox"/> Aztreonam 1 gm IVPB over 4 hours, ONCE, T+4 hrs</p> <p>Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg.</p> <p>AND</p> <p><input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT</p> <p><input type="checkbox"/> less than 45 kg: vancomycin 1 gm</p> <p><input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm</p> <p><input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm</p>

Practitioner Signature _____ Printed Name _____ Dictation# _____

Entered by: _____ Order Entry Verified _____

Sent to Pharmacy by: _____ (Scan, Tube / Fax / Copy) Date _____ Time _____



Indiana University Health
ED Sepsis Single Phase

The person initiating entry should write legibly, date the form (using Mo / Day / Yr), enter time, sign, and indicate their title.

Until signed, these are for general information and reference only. They should not be relied on as advice for a particular patient or situation or as a substitute for the independent professional judgment of the physician.

Date	Time	Physician Orders
		<input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS** If pseudomonas or other resistant gram-negative organism is suspected, consider adding <input type="checkbox"/> Tobramycin 7 mg/kg IVPB x 1 STAT <input type="checkbox"/> Tobramycin 5 mg/kg IVPB x 1 STAT (for patients with estimated CrCl < 30 mL/min)
		Meningitis
LINK 4		<input type="checkbox"/> Dexamethasone 0.15 mg/kg IV Push, ONCE, STAT Comments: Give 10 minutes prior to antibiotics. Max dose 12 mg AND <input type="checkbox"/> Ceftriaxone 2 gm IV Push, ONCE, STAT Comments: RN to dilute vial with 20 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 minutes. For use in the Emergency Department adult only. AND <input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT <input type="checkbox"/> less than 45 kg: vancomycin 1 gm <input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm <input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm <input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS** AND <input type="checkbox"/> Acyclovir 10 mg/kg, IVPB, ONCE, STAT Note: Add ampicillin for greater than 50 years, chronic EtOH or immunocompromised <input type="checkbox"/> Ampicillin 2 gm, IVPB, Q4H for 3 doses, STAT For patients with anaphylactic beta-lactam allergy: <input type="checkbox"/> Dexamethasone 0.15 mg/kg IV Push, ONCE, STAT Comments: Give 10 minutes prior to antibiotics. Max dose 12 mg AND <input type="checkbox"/> Aztreonam 2 gm IV Push, ONCE, STAT RN to dilute vial with 10 mL of 0.9% NaCl or sterile water and administer slow IV push over 3-5 Minutes. For use in the Emergency Department adult only. <input type="checkbox"/> Aztreonam 2 gm IVPB over 4 hours, ONCE, T+4 hrs Comments: First dose of this order to be given 4 hours after previous ONCE order. Infuse over 4 hours. Pharmacy to adjust to 2 gm if greater than 120 kg AND <input type="checkbox"/> Vancomycin IVPB over 2 hours, ONCE, STAT <input type="checkbox"/> less than 45 kg: vancomycin 1 gm <input type="checkbox"/> equal to 45 kg and up to equal to 60 kg: vancomycin 1.25 gm <input type="checkbox"/> greater than 60 kg and less than 80 kg: vancomycin 1.5 gm
LINK 5		

Practitioner Signature _____ Printed Name _____ Dictation# _____
 Entered by: _____ Order Entry Verified _____
 Sent to Pharmacy by: _____ (Scan, Tube / Fax / Copy) Date _____ Time _____



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Date	Time	Physician Orders
		<input type="checkbox"/> equal to or greater than 80 kg: vancomycin 2 gm Comment: Pharmacy to round to the nearest 250 mg. Max dose 2,000 mg**SEPSIS** AND <input type="checkbox"/> Acyclovir 10 mg/kg, IVPB, ONCE, STAT Note: For greater than 50 years, chronic EtOH or immunocompromised AND penicillin allergy Note: ID consult for evaluation of meningitis and risk factors for listeria, needing alternative to ampicillin
		Vasopressors
		NOTE: **Consider if unable to obtain MAP greater than 65 mmHg after fluid resuscitation** Norepinephrine generally considered first line vasopressor option.
		<input type="checkbox"/> NOREpinephrine 8 mg / 250 mL 0.9% NaCl IV; Start infusion at 5 mCg/min. Titrate by 5 mCg/min Q5 min to keep MAP greater than 65 mmHg Maximum dose 30 mCg/min. Call MD if goal not obtained and maximum dose reached. <input type="checkbox"/> Vasopressin 20 units /50 mL 0.9% sodium chloride, 0.03 units/ min, DO NOT TITRATE <input type="checkbox"/> EPINEPHrine 4 mg/250 mL 0.9% NaCl IV; Start infusion at 0.05 mCg/kg/min. Titrate by 0.05 mCg/kg/min Q5 min to keep MAP greater than 65 mmHg Maximum dose 2 mCg/kg/min. Call MD if goal not obtained and maximum dose reached.

Practitioner Signature _____ Printed Name _____ Dictation# _____
 Entered by: _____ Order Entry Verified _____
 Sent to Pharmacy by: _____ (Scan, Tube / Fax / Copy) Date _____ Time _____