

**SEPSIS  
ED PREPRINTED ORDERS  
AGE ≥16**

*(addressograph)*

- These orders of the ED physician expire in **24** hours, or less if indicated.
- **MRP:** These orders can be continued by **INITIALING** and indicate **Continue/Change/Hold** and signing/dating below. **Any order not initialled will not be continued.**

<b>ALLERGIES:</b>			Nursing	MRP	Nursing
<b>ADMITTING DIAGNOSIS: SEPSIS DUE TO _____ OR SOURCE U/K</b>					
1. Date:	Time:	Admit to:			
2. Most responsible physician:					
3. Admitting Orders: <i>See appendix in ED binder for antibiotic suggestions.</i>					
4. <b>DVT PROPHYLAXIS:</b> <input type="checkbox"/> heparin 5000units sc q12h <b>OR</b> <input type="checkbox"/> enoxaparin _____ mgm sc daily <b>OR</b> <input type="checkbox"/> _____ <b>OR</b> <input type="checkbox"/> Bilateral compression stockings					
5. Acetaminophen 500 mg PO / PR q4h prn					
6. <b>ANTIBIOTICS:</b> Administer empiric antibiotics where possible within ONE HOUR of patient ID <u>Write orders in this space Consider dose adjustment in renal failure/reduced creatinine clearance.</u>					
7. <b>FLUID CHALLENGE</b> Start large bore IV (18 gauge or higher) with Normal Saline <input type="checkbox"/> Bolus _____ ml over 15 minutes ( <i>recommnd 20 ml/kg over 15 minutes; physician to reassess immediately after bolus</i> ) <input type="checkbox"/> Then _____ ml/hr					
8. <b>MONITORING / MISC</b> <input type="checkbox"/> Diet: _____ <input type="checkbox"/> Monitor Temp, BP, HR, RR and SpO2 q _____ (continuous monitoring if in ICU) <input type="checkbox"/> GCS q _____ <input type="checkbox"/> Chest auscultation after completion of each fluid bolus and contact MD if worsens. <input type="checkbox"/> O2 to keep Sp02 > 92% <input type="checkbox"/> Foley to urometer <input type="checkbox"/> Ins and Outs <input type="checkbox"/> Call MD if urine output < 120 cc over 4 hours, sBP < 90, or change in level of consciousness					
9. <b>STAT INVESTIGATIONS</b> <input type="checkbox"/> Venous blood gas and lactate (do not use tourniquet when possible) <input type="checkbox"/> CBC and differential, INR, PTT, lytes, BUN, Cr, Glucose <input type="checkbox"/> Blood cultures x 2 <input type="checkbox"/> Urinalysis, urine microscopy and urine culture <input type="checkbox"/> CXR <input type="checkbox"/> Sputum gram stain and cultures IF productive sputum <input type="checkbox"/> Repeat the following investigations _____ at _____ am/pm <input type="checkbox"/> Other _____					
ALL OTHER ORDERS TO BE WRITTEN ON REGULAR ORDER SHEETS. DO NOT USE THIS SPACE TO WRITE DRUG ORDERS.					
Refer to Appendix in ED Binder for Suggested Antibiotics.					
White: Chart					
Yellow :Pharmacy					
Pink: Nursing					

ED PHYSICIAN SIGNATURE:		PRINT NAME:	
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