## Sepsis Management HMW/HMSTC/HMSTJ [3285]

## IV / Central Line Access - Hemodynamics Monitoring

IV / Central Line Access	
[X] Initiate and maintain IV	
[X] Insert peripheral IV	Routine, Once
[X] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[X] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
Hemodynamic Monitoring **If patient has IJ or Subclavian Central Venous	s Line**
[] Hemodynamic Monitoring - CVP	Routine, Every hour Measure: CVP
Nursing	
Nursing - HMSTC/HMSTJ Only	
[X] Vital signs - T/P/R/BP	Routine, Every hour For 3 Hours Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of vitals assessment.
[X] Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Place Sp02 monitor (near infrared spectroscopy)
[X] Telemetry	"And" Linked Panel
[X] Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
[X] Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
] Insert and maintain Foley	
[] Insert Foley catheter	Routine, Once Type: Temperature Sensing Size: Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
Nursing - HMW Only	
[X] Vital signs - T/P/R/BP	Routine, Every hour For 3 Hours Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of vitals assessment.
[X] Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Place Sp02 monitor (near infrared spectroscopy)

<] Daily weights	Routine, Daily Notify provider if weight is over 5 pounds from initial dry weight
K] Activity: Bed rest initially then progress as tole	
K] Patient education	Routine, Prior to discharge Patient/Family: Both Education for: Other (specify) Specify: Sepsis Education
K] Telemetry	"And" Linked Panel
[X] Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
[X] Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
Insert and maintain Foley	
[] Insert Foley catheter	Routine, Once Type: Temperature Sensing Size: Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
lotify	
[X] Notify Provider:	Routine, Until discontinued, Starting S, -for MAP LESS than 65 or GREATER than 80
	-for heart rate LESS than 60 or GREATER than 120
	-for urine output LESS than 30 mL/hour
	-immediately for any acute changes in patient condition

Laboratory - Microbiology \*\*unselect if already done within past 24 hours\*\*

[X] Blood culture x 2	"And" Linked Panel
[X] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[X] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

] Urinalysis screen and microscopy, with reflex to cultur	re Once Specimen Source: Urine Specimen Site:
aboratory - ISTAT FOR CINCO RANCH **unselect if already collected**	
K] Lactic acid, I-Stat, venous	STAT For 1 Occurrences
aboratory - STAT **unselect if already collected**	
K] Lactic acid level, SEPSIS - Now and repeat 2x every hours	<ul> <li>Now and repeat 2x every 3 hours For 3 Occurrences</li> <li>STAT-SPECIMEN MUST BE DELIVERED IMMEDIATELY TO</li> <li>THE LAB. Repeat lactic acid 3 hours timed from presentation</li> <li>time x 2 (Total of 3 draws)</li> </ul>
(] CBC with platelet and differential	STAT For 1 Occurrences
[] Comprehensive metabolic panel	STAT For 1 Occurrences
] Partial thromboplastin time	STAT For 1 Occurrences
[] Prothrombin time with INR	STAT For 1 Occurrences
Arterial blood gas	STAT For 1 Occurrences
Troponin	STAT For 1 Occurrences
B natriuretic peptide	STAT For 1 Occurrences
dminister 30mL/Kg for a target MAP 65-70 or SBP GF Selection Required) Is your patient obese? (BMI GREATER than 30) ) Yes (Single Response) (Selection Required) Given your response of "Yes" you have the option to	
Selection Required) Is your patient obese? (BMI GREATER than 30)	dose IV fluids using Ideal Body Weight (IBW).
<ul> <li>Selection Required) Is your patient obese? (BMI GREATER than 30) </li> <li>Yes (Single Response) (Selection Required) Given your response of "Yes", you have the option to </li> <li>() Calculate dose using Ideal Body Weight (IBW) (Sin Response) () lactated ringers IV bolus + Vital Signs OR infusion Obese Patients (Single Response)</li></ul>	dose IV fluids using Ideal Body Weight (IBW). ngle n - For
<ul> <li>Selection Required) Is your patient obese? (BMI GREATER than 30) </li> <li>Yes (Single Response) (Selection Required) Given your response of "Yes", you have the option to </li> <li>() Calculate dose using Ideal Body Weight (IBW) (Sin Response) () lactated ringers IV bolus + Vital Signs OR infusion Obese Patients (Single Response) </li> <li>() lactated ringers IV bolus + Vitals Every 15 Minute Hours - For Obese Patients</li></ul>	dose IV fluids using Ideal Body Weight (IBW). ngle n - For es x 4 <b>"And" Linked Panel</b>
<ul> <li>Selection Required) Is your patient obese? (BMI GREATER than 30) </li> <li>Yes (Single Response) (Selection Required) Given your response of "Yes", you have the option to </li> <li>() Calculate dose using Ideal Body Weight (IBW) (Sin Response) () lactated ringers IV bolus + Vital Signs OR infusion Obese Patients (Single Response) </li> <li>() lactated ringers IV bolus + Vitals Every 15 Minute</li> </ul>	dose IV fluids using Ideal Body Weight (IBW). ngle n - For
<ul> <li>Selection Required) Is your patient obese? (BMI GREATER than 30) </li> <li>Yes (Single Response) (Selection Required) Given your response of "Yes", you have the option to </li> <li>() Calculate dose using Ideal Body Weight (IBW) (Sin Response) <ul> <li>() Iactated ringers IV bolus + Vital Signs OR infusion Obese Patients (Single Response)</li> <li>() Iactated ringers IV bolus + Vitals Every 15 Minute Hours - For Obese Patients</li> <li>[] Iactated ringers bolus</li> </ul> </li> </ul>	dose IV fluids using Ideal Body Weight (IBW). ngle n - For es x 4 <b>"And" Linked Panel</b> 30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. Provider Response: YES, I choose to use the Ideal Body Weight (IBW), BMI GREATER than 30
Selection Required)         Is your patient obese? (BMI GREATER than 30)         ) Yes (Single Response) (Selection Required)         Given your response of "Yes", you have the option to         () Calculate dose using Ideal Body Weight (IBW) (Sin Response)         () Iactated ringers IV bolus + Vital Signs OR infusion Obese Patients (Single Response)         () Iactated ringers IV bolus + Vitals Every 15 Minute Hours - For Obese Patients         [] Iactated ringers bolus	dose IV fluids using Ideal Body Weight (IBW).         ngle         n - For         es x 4       "And" Linked Panel         30 mL/kg, intravenous, once, For 1 Doses         Reassess patient after IV fluid bolus given.         If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus.         Doses start immediately.         Notify provider immediately upon completion of fluid bolus administration.         Provider Response: YES, I choose to use the Ideal Body Weight (IBW), BMI GREATER than 30         STAT, Every 15 min For 4 Hours
<ul> <li>Selection Required) Is your patient obese? (BMI GREATER than 30) </li> <li>Yes (Single Response) (Selection Required) Given your response of "Yes", you have the option to </li> <li>() Calculate dose using Ideal Body Weight (IBW) (Sin Response) <ul> <li>() Iactated ringers IV bolus + Vital Signs OR infusion Obese Patients (Single Response)</li> <li>() Iactated ringers IV bolus + Vitals Every 15 Minute Hours - For Obese Patients</li> <li>[] Iactated ringers bolus</li> </ul> </li> </ul>	dose IV fluids using Ideal Body Weight (IBW).         ngle         n - For         es x 4       "And" Linked Panel         30 mL/kg, intravenous, once, For 1 Doses         Reassess patient after IV fluid bolus given.         If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus.         Doses start immediately.         Notify provider immediately upon completion of fluid bolus administration.         Provider Response: YES, I choose to use the Ideal Body Weight (IBW), BMI GREATER than 30         STAT, Every 15 min For 4 Hours

4 Hours - For Obese Patients           1         sodium chloride 0.9 % bolus	30 mL/kg, intravenous, once, For 1 Doses
	Reassess patient after IV fluid bolus given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of second
	bolus.
	Doses start immediately.
	Notify provider immediately upon completion of fluid bolus
	administration.
	Provider Response: YES, I choose to use the Ideal Body Weight
	(IBW), BMI GREATER than 30
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
) sodium chloride 0.9% infusion - For Obes	
[] sodium chloride 0.9% infusion	126 mL/hr, intravenous, continuous
	Reassess patient after 1 L of IV fluid given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of additional
	fluids.
	Doses start immediately.
	Notify provider immediately upon completion of administration of 1 L
	of fluid.
Do NOT calculate dose using Ideal Body We (Single Response)	eight (IBW)
lactated ringers IV bolus + Vital Signs OR i	infusion
(Single Response)	
) lactated ringers IV bolus + Vitals Every 15 Hours	5 Minutes x 4 "And" Linked Panel
[] lactated ringers bolus	30 mL/kg, intravenous, once, For 1 Doses
	Reassess patient after IV fluid bolus given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of second
	bolus.
	Doses start immediately.
	Notify provider immediately upon completion of fluid bolus
	administration.
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
) lactated ringers IV infusion	"And" Linked Panel
<ul> <li>[] lactated ringer's infusion</li> </ul>	126 mL/hr, intravenous, continuous
	Reassess patient after 1 L of IV fluid given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of additional
	fluids.
	Doses start immediately.
	Notify provider immediately upon completion of administration of 1 L
	of fluid.
sodium chloride 0.9% bolus + Vital Signs ( (Single Response)	
) sodium chloride 0.9% bolus + Vitals Ever	y 15 Minutes x "And" Linked Panel
4 Hours - For Obese Patients	y to twinting of A the Little at a the
[] sodium chloride 0.9 % bolus	30 ml /kg intravenous once For 1 Dosoc
	30 mL/kg, intravenous, once, For 1 Doses
	Reassess patient after IV fluid bolus given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of second
	bolus.
	Doses start immediately.
	Notify provider immediately upon completion of fluid bolus
[] Sepsis vital signs - T/P/R/BP	administration. STAT, Every 15 min For 4 Hours

[] sodium chloride 0.9% infusion	<ul> <li>126 mL/hr, intravenous, continuous</li> <li>Reassess patient after 1 L of IV fluid given.</li> <li>If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.</li> <li>Doses start immediately.</li> <li>Notify provider immediately upon completion of administration of 1 L of fluid.</li> </ul>
() Patient does not have initial hypotension, seven nor septic shock at this time. No additional cry fluid resuscitation bolus indicated at this time (S Response)	vstalloid IV
<ul> <li>Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. No additional crystalloid IV fluid resuscitation bolus indicated at this time</li> </ul>	Routine, Once
No (Single Response)	
<ul> <li>() lactated ringers IV bolus + Vital Signs OR infus (Single Response)</li> </ul>	ion
() lactated ringers IV bolus + Vitals Every 15 Mir Hours	nutes x 4 "And" Linked Panel
[] lactated ringers bolus	<ul> <li>30 mL/kg, intravenous, once, For 1 Doses</li> <li>Reassess patient after IV fluid bolus given.</li> <li>If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus</li> <li>Doses start immediately.</li> <li>Notify provider immediately upon completion of fluid bolus</li> <li>administration.</li> </ul>
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
() lactated ringers IV infusion	"And" Linked Panel
[] lactated ringer's infusion	<ul> <li>126 mL/hr, intravenous, continuous</li> <li>Reassess patient after 1 L of IV fluid given.</li> <li>If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.</li> <li>Doses start immediately.</li> <li>Notify provider immediately upon completion of administration of 1 L of fluid.</li> </ul>
() sodium chloride 0.9% bolus + Vital Signs OR ir (Single Response)	
() sodium chloride 0.9% bolus + Vitals Every 15 4 Hours	Minutes x "And" Linked Panel
[] sodium chloride 0.9 % bolus	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus Doses start immediately. Notify provider immediately upon completion of fluid bolus administration.
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
() sodium chloride 0.9% infusion	"And" Linked Panel
[] sodium chloride 0.9% infusion	<ul> <li>126 mL/hr, intravenous, continuous</li> <li>Reassess patient after 1 L of IV fluid given.</li> <li>If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.</li> <li>Doses start immediately.</li> <li>Notify provider immediately upon completion of administration of 1 L or</li> </ul>

(Single Response)

<ul> <li>Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. No additional crystalloid IV fluid resuscitation bolus indicated at this time</li> </ul>	utine, Once
The target fluid bolus volume can be calculated using the object. If the provider does not indicate object, the act	he ideal weight as long as the provider indicates that the patient is
Is your patient obese? (BMI GREATER than 30)	
) Yes (Single Response) (Selection Required)	
Given your response of "Yes", you have the option to	dose IV fluids using Ideal Body Weight (IBW).
() Calculate dose using Ideal Body Weight (IBW) (Sin Response)	gle
() lactated ringers IV bolus + Vital Signs OR infusion Obese Patients (Single Response)	- For
<ul> <li>() lactated ringers IV bolus + Vitals Every 15 Minute Hours - For Obese Patients</li> </ul>	es x 4 "And" Linked Panel
[] lactated ringers bolus	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. Provider Response: YES, I choose to use the Ideal Body Weight (IBW), BMI GREATER than 30
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
() lactated ringers IV infusion - For Obese Patients	"And" Linked Panel
[] lactated ringer's infusion	<ul> <li>126 mL/hr, intravenous, continuous</li> <li>Reassess patient after 1 L of IV fluid given.</li> <li>If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.</li> <li>Doses start immediately.</li> <li>Notify provider immediately upon completion of administration of 1 L of fluid.</li> </ul>
() sodium chloride 0.9% bolus + Vital Signs OR infus For Obese Patients (Single Response)	
<ul> <li>() sodium chloride 0.9% bolus + Vitals Every 15 Mi</li> <li>4 Hours - For Obese Patients</li> </ul>	nutes x "And" Linked Panel
[] sodium chloride 0.9 % bolus	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration. Provider Response: YES, I choose to use the Ideal Body Weight
	(IBW), BMI GREATER than 30
<ul><li>Sepsis vital signs - T/P/R/BP</li></ul>	STAT, Every 15 min For 4 Hours

[] sodium chloride 0.9% infusion	126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.
	Doses start immediately. Notify provider immediately upon completion of administration of 1 L of fluid.
() Do NOT calculate dose using Ideal Body Weigh	
(Single Response) () lactated ringers IV bolus + Vital Signs OR infus	sion
(Single Response) () lactated ringers IV bolus + Vitals Every 15 Mi Hours	inutes x 4 "And" Linked Panel
[] lactated ringers bolus	30 mL/kg, intravenous, once, For 1 Doses
	Reassess patient after IV fluid bolus given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of second
	bolus. Doses start immediately.
	Notify provider immediately upon completion of fluid bolus
	administration.
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
() lactated ringers IV infusion	"And" Linked Panel
[] lactated ringer's infusion	126 mL/hr, intravenous, continuous
	Reassess patient after 1 L of IV fluid given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of additional fluids.
	Doses start immediately.
	Notify provider immediately upon completion of administration of 1 L
	of fluid.
<ul> <li>sodium chloride 0.9% bolus + Vital Signs OR i For Obese Patients (Single Response)</li> </ul>	nfusion -
<ul> <li>sodium chloride 0.9% bolus + Vitals Every 15</li> <li>4 Hours - For Obese Patients</li> </ul>	
[] sodium chloride 0.9 % bolus	30 mL/kg, intravenous, once, For 1 Doses
	Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of second bolus.
	Doses start immediately.
	Notify provider immediately upon completion of fluid bolus
	administration.
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
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[] sodium chloride 0.9% infusion	126 mL/hr, intravenous, continuous Reassess patient after 1 L of IV fluid given.
	If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90
	mmHg), notify ordering provider prior to administration of additional
	fluids.
	Doses start immediately.
	Notify provider immediately upon completion of administration of 1 L
() Patient does not have initial hypotension, sever	of fluid.
nor septic shock at this time. No additional cry	
fluid resuscitation bolus indicated at this time (S	
Response)	-
() Patient does not have initial hypotension,	Routine, Once
severe sepsis, nor septic shock at this time.	
No additional crystalloid IV fluid	
resuscitation bolus indicated at this time	
No (Single Response)	
an on UCACACACA of ACCOUNT From CILL	Dogo 7 of

<ul> <li>Iactated ringers IV bolus + Vitals Every 15 N Hours</li> </ul>	Minutes x 4 "And" Linked Panel
[] lactated ringers bolus	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolu Doses start immediately. Notify provider immediately upon completion of fluid bolus administration.
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
) lactated ringers IV infusion	"And" Linked Panel
[] lactated ringer's infusion	<ul> <li>126 mL/hr, intravenous, continuous</li> <li>Reassess patient after 1 L of IV fluid given.</li> <li>If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.</li> <li>Doses start immediately.</li> <li>Notify provider immediately upon completion of administration of 1 L of fluid.</li> </ul>
) sodium chloride 0.9% bolus + Vital Signs OR	t infusion
<ul> <li>(Single Response)</li> <li>() sodium chloride 0.9% bolus + Vitals Every <sup>2</sup></li> <li>4 Hours</li> </ul>	15 Minutes x "And" Linked Panel
[] sodium chloride 0.9 % bolus	30 mL/kg, intravenous, once, For 1 Doses Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolu Doses start immediately. Notify provider immediately upon completion of fluid bolus administration.
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
) sodium chloride 0.9% infusion	"And" Linked Panel
[] sodium chloride 0.9% infusion	<ul> <li>126 mL/hr, intravenous, continuous</li> <li>Reassess patient after 1 L of IV fluid given.</li> <li>If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of additional fluids.</li> <li>Doses start immediately.</li> <li>Notify provider immediately upon completion of administration of 1 L of fluid.</li> </ul>
Patient does NOT meet requirements for fluid a	
<ul> <li>Single Response)</li> <li>Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. No additional crystalloid IV fluid resuscitation bolus indicated at this time</li> </ul>	Routine, Once
biotics (Single Response) if not already started within the last 24 hours ** lease Select the appropriate indication for antib	
Community-Acquired Pneumonia (Single Respo Recommended: Either A beta-lactam plus azith	onse) romycin combination therapy or a fluoroquinolone as monotherapy
Does your patient have a SEVERE penicillin all	

[] cefTRIAXone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agent
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agen
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
Yes (Single Response)	
() levofloxacin (LEVAQUIN) IV solution	750 mg, intravenous, once, For 1 Doses
	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not w
	for the first antibiotic to infuse. If agents are Y-site compatible, they
	may be administered per Y-site protocols. IF the ordered agents are
	NOT Y site compatible, then administer the Broad-spectrum antibiotic
	first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	•
	Reason for Therapy: Bacterial Infection Suspected
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se)
Does your patient have a SEVERE penicillin alle	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se)
Does your patient have a SEVERE penicillin alle	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se)
Does your patient have a SEVERE penicillin aller No (Single Response) ) ceFEPime 1 g IV + vancomycin 25 mg/kg IV	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se) rgy?
Does your patient have a SEVERE penicillin aller	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se)
Does your patient have a SEVERE penicillin aller ) No (Single Response) ( ) ceFEPime 1 g IV + vancomycin 25 mg/kg IV	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se) rgy? 1 g, intravenous, every 6 hours, For 4 Doses Classification: Broad Spectrum Antibiotic
Does your patient have a SEVERE penicillin aller No (Single Response) ) ceFEPime 1 g IV + vancomycin 25 mg/kg IV	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se) rgy? 1 g, intravenous, every 6 hours, For 4 Doses Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer
Does your patient have a SEVERE penicillin aller No (Single Response) ) ceFEPime 1 g IV + vancomycin 25 mg/kg IV	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se) rgy? 1 g, intravenous, every 6 hours, For 4 Doses Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
Does your patient have a SEVERE penicillin aller ) No (Single Response) ( ) ceFEPime 1 g IV + vancomycin 25 mg/kg IV	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se) rgy? 1 g, intravenous, every 6 hours, For 4 Doses Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
Does your patient have a SEVERE penicillin aller ) No (Single Response) ( ) ceFEPime 1 g IV + vancomycin 25 mg/kg IV	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se) rgy? 1 g, intravenous, every 6 hours, For 4 Doses Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
Does your patient have a SEVERE penicillin aller ) No (Single Response) ( ) ceFEPime 1 g IV + vancomycin 25 mg/kg IV	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se) rgy? 1 g, intravenous, every 6 hours, For 4 Doses Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agen are NOT Y site compatible, then administer the Broad-spectrum
() ceFEPime 1 g IV + vancomycin 25 mg/kg IV	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se) rgy?
Does your patient have a SEVERE penicillin aller ) No (Single Response) ( ) ceFEPime 1 g IV + vancomycin 25 mg/kg IV	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se) rgy?
Does your patient have a SEVERE penicillin aller ) No (Single Response) ( ) ceFEPime 1 g IV + vancomycin 25 mg/kg IV	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis se) rgy?

[] vancomycin (VANCOCIN) IV	25 mg/kg, intravenous, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk
) ceFEPime 1 g intraMUSCULAR + vancomycin 2	25 mg/kg
[] cefepime (MAXIPIME) IM	1 g, intramuscular, every 6 hours, For 4 Doses Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<ul> <li>vancomycin (VANCOCIN) 25 mg/kg IV + Phar Consult to Dose (Selection Required)</li> </ul>	macy
[] vancomycin (VANCOCIN) IV	25 mg/kg, intravenous, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk
) piperacillin-tazobactam (ZOSYN) 3.375 g IV + vancomycin 25 mg/kg IV	
[] piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, every 8 hours, For 3 Doses Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

[] vancomycin (VANCOCIN) IV	25 mg/kg, intravenous, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered par X site protocole. If the ordered agent
	they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk
If Pseudomonas Suspected - piperacillin-tazoba (ZOSYN) 4.5 g IV + vancomycin 25 mg/kg IV	
[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 8 hours, For 3 Doses Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
] vancomycin (VANCOCIN) 25 mg/kg IV + Phar Consult to Dose (Selection Required)	
[] vancomycin (VANCOCIN) IV	25 mg/kg, intravenous, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk

<ul> <li>these immediately at the SAM wait for the first antibiotic to inf they may be administered per are NOT Y site compatible, the antibiotic first. Refer to availa determination of broad-spectru. Type of Therapy: New Anti-Inf Reason for Therapy: Bacterial Indication: Sepsis</li> <li>vancomycin (VANCOCIN) 25 mg/kg IV + Pharmacy Consult to Dose (Selection Required)</li> <li>vancomycin (VANCOCIN) IV</li> <li>25 mg/kg, intravenous, once, Classification: Narrow Spectr When multiple antimicrobial a these immediately at the SAM wait for the first antibiotic to in they may be administered per are NOT Y site compatible, the antibiotic first. Refer to availa determination of broad-spectru. Type of Therapy: New Anti-Inf Reason for Therapy: Bacteria Indication: Sepsis - Nosocom Pneumonia with Multi-Drug F</li> <li>meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 25 mg/kg IV</li> <li>meropenem (MERREM) IM</li> <li>500 mg, intramuscular, every 6 Intramuscular route selected b Administer dose by deep IIM in muscles or lateral part of the ti Type of Therapy: New Anti-Inf Reason for Therapy: New Anti-Inf Reason for Therapy: Bacterial Indication: Sepsis</li> <li>meropenem (MERREM) IM</li> <li>meropenem (MERREM) IM</li> <li>for erapy: New Anti-Inf Reason for Therapy: Bacterial Indication: Sepsis</li> <li>meropenem (MERREM) IM</li> <li>for erapy: New Anti-Inf Reason for Therapy: Bacterial Indication: Sepsis</li> <li>meropenem (MERREM) IM</li> <li>for erapy: New Anti-Inf Reason for Therapy: Bacterial Indication: Sepsis</li> <li>for erapy: New Anti-Inf Reason for Therapy: Bacterial Indication: Sepsis</li> <li>for erapy: New Anti-Inf Reason for Therapy: Bacterial Indication: Sepsis</li> <li>for erapy: New Anti-Inf Reason for Therapy: Bacterial Indication: Sepsis</li> <li>for erapy: New Anti-Inf Reason for Therapy: Bacterial Indication: Sepsis</li> <li>f</li></ul>	
these immediately at the SAM wait for the first antibiotic to inf they may be administered per are NOT Y site compatible, the antibiotic first. Refer to availa determination of broad-spectr. Type of Therapy: Bacterial Indication: Sepsis          [] vancomycin (VANCOCIN) 25 mg/kg  V + Pharmacy Consult to Dose (Selection Required)       25 mg/kg, intravenous, once, Classification: Narrow Spectr         [] vancomycin (VANCOCIN) IV       25 mg/kg, intravenous, once, Classification: Narrow Spectr         When multiple antimicrobial a these immediately at the SAM wait for the first antibiotic to in they may be administered per are NOT Y site compatible, the antibiotic first. Refer to availa determination of broad-spectr. Type of Therapy: New Anti-Inf Reason for Therapy: Sacteria Indication: Sepsis         [] Pharmacy consult to manage vancomycin       STAT, Until discontinued, Stat Indication: Sepsis - Nosocom Pneumonia with Multi-Drug F         ) meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 25 mg/kg IV       500 mg, intramuscular, every 6 Intramuscular route selected b Administer dose by deep IM in muscles or lateral part of the tilt Type of Therapy: Bacteria Indication: Sepsis IM Route Selection: I have opt access could not be establishe         [] vancomycin (VANCOCIN) 25 mg/kg IV + Pharmacy Consult to Dose (Selection Required)       25 mg/kg, intravenous, once, Classification: Narrow Spectr         [] vancomycin (VANCOCIN) IV       25 mg/kg, intravenous, once, Classification: Narrow Spectr         [] vancomycin (VANCOCIN) IV       25 mg/kg, intravenous, once, Classification: Narrow Spectr         [] vancomycin (VANCOCIN) IV       25 mg/kg, intravenous, once, Classification: Narrow Spectr	
Consult to Dose (Selection Required)       25 mg/kg, intravenous, once, Classification: Narrow Spectr         When multiple antimicrobial a these immediately at the SAM wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, th antibiotic first. Refer to availa determination of broad-spect Type of Therapy: New Anti-In Reason for Therapy: Bacteria Indication: Sepsis - Nosocom Pneumonia with Multi-Drug R         I Pharmacy consult to manage vancomycin       STAT, Until discontinued, Stat Indication: Sepsis - Nosocom Pneumonia with Multi-Drug R         I meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 25 mg/kg IV       S00 mg, intramuscular, every 6 Intramuscular route selected b Administer dose by deep IM in muscles or lateral part of the ti Type of Therapy: New Anti-Inf Reason for Therapy: Bacterial Indication: Sepsis IM Route Selection: I have opt access could not be established Indication: Narrow Spectr         I vancomycin (VANCOCIN) 25 mg/kg IV + Pharmacy Consult to Dose (Selection Required)       25 mg/kg, intravenous, once, Classification: Narrow Spectr         When multiple antimicrobial a determination of broad-spect       When multiple antimicrobial a determination of broad-spect	nfective Order
<ul> <li>vancomycin (VANCOCIN) IV</li> <li>25 mg/kg, intravenous, once, Classification: Narrow Spectr</li> <li>When multiple antimicrobial a these immediately at the SAN wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, th antibiotic first. Refer to availa determination of broad-spect Type of Therapy: New Anti-In Reason for Therapy: Bacteria Indication: Sepsis</li> <li>Pharmacy consult to manage vancomycin</li> <li>STAT, Until discontinued, Sta Indication: Sepsis - Nosocom Pneumonia with Multi-Drug R</li> <li>meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 25 mg/kg IV</li> <li>meropenem (MERREM) IM</li> <li>500 mg, intramuscular, every ( Intramuscular route selected b Administer dose by deep IM in muscles or lateral part of the tt Type of Therapy: New Anti-Infr Reason for Therapy: Bacterial Indication: Sepsis</li> <li>vancomycin (VANCOCIN) 25 mg/kg IV + Pharmacy Consult to Dose (Selection Required)</li> <li>vancomycin (VANCOCIN) IV</li> <li>25 mg/kg, intravenous, once, Classification: Narrow Spectr</li> <li>When multiple antimicrobial a these immediately at the SAN wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, th antibiotic first. Refer to availa determination of broad-spect</li> </ul>	
Classification: Narrow Spectr When multiple antimicrobial a these immediately at the SAM wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, th antibiotic first. Refer to availa determination of broad-spect Type of Therapy: New Anti-In- Reason for Therapy: Bacteria Indication: Sepsis [] Pharmacy consult to manage vancomycin Meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 25 mg/kg IV [] meropenem (MERREM) IM Muscles or lateral part of the th Type of Therapy: New Anti-Infr Reason for Therapy: Bacterial Indication: Sepsis Meropenem (MERREM) IM S00 mg, intramuscular, every 6 Intramuscular route selected b Administer dose by deep IM in muscles or lateral part of the th Type of Therapy: New Anti-Infr Reason for Therapy: Bacterial Indication: Sepsis IM Route Selection: I have opt access could not be established [] vancomycin (VANCOCIN) 25 mg/kg IV + Pharmacy Consult to Dose (Selection Required) [] vancomycin (VANCOCIN) IV 25 mg/kg, intravenous, once, Classification: Narrow Spectr When multiple antimicrobial a these immediately at the SAM wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, th antibiotic first. Refer to availa determination of broad-spect	e. For 1 Doses
these immediately at the SAN wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, th antibiotic first. Refer to avail determination of broad-spect Type of Therapy: New Anti-In Reason for Therapy: Bacteria Indication: Sepsis           [] Pharmacy consult to manage vancomycin         STAT, Until discontinued, Statindication: Sepsis           [] Pharmacy consult to manage vancomycin         STAT, Until discontinued, Statindication: Sepsis           [] Pharmacy consult to manage vancomycin         STAT, Until discontinued, Statindication: Sepsis           [] Pharmacy consult to manage vancomycin         STAT, Until discontinued, Statindication: Sepsis           [] meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 25 mg/kg IV         S00 mg, intramuscular, every 6 Intramuscular route selected b Administer dose by deep IM in muscles or lateral part of the tit Type of Therapy: New Anti-Inf Reason for Therapy: New Anti-Inf Reason for Therapy: New Anti-Inf Reason for Therapy: Bacterial Indication: Sepsis           [] vancomycin (VANCOCIN) 25 mg/kg IV + Pharmacy         Consult to Dose (Selection Required)           [] vancomycin (VANCOCIN) IV         25 mg/kg, intravenous, once, Classification: Narrow Spectr           [] when multiple antimicrobial a these immediately at the SAN wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, ti antibiotic first. Refer to avail a determination of broad-spect	
Indication: Sepsis - Nosocom Pneumonia with Multi-Drug R ) meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 25 mg/kg IV [] meropenem (MERREM) IM 500 mg, intramuscular, every 6 Intramuscular route selected b Administer dose by deep IM in muscles or lateral part of the tf Type of Therapy: New Anti-Infr Reason for Therapy: Bacterial Indication: Sepsis IM Route Selection: I have opt access could not be establishe [] vancomycin (VANCOCIN) 25 mg/kg IV + Pharmacy Consult to Dose (Selection Required) [] vancomycin (VANCOCIN) IV 25 mg/kg, intravenous, once, Classification: Narrow Spectr When multiple antimicrobial a these immediately at the SAM wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, tf antibiotic first. Refer to availa determination of broad-spect	
) meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 25 mg/kg IV [] meropenem (MERREM) IM [] meropenem (MERREM) IM [] meropenem (MERREM) IM [] solution (MERREM) IM [] solut	mial Pneumonia or Community-Acquired
<ul> <li>[] meropenem (MERREM) IM</li> <li>500 mg, intramuscular, every 6 Intramuscular route selected b Administer dose by deep IM in muscles or lateral part of the th Type of Therapy: New Anti-Infi Reason for Therapy: Bacterial Indication: Sepsis IM Route Selection: I have opt access could not be establishe</li> <li>[] vancomycin (VANCOCIN) 25 mg/kg IV + Pharmacy Consult to Dose (Selection Required)</li> <li>[] vancomycin (VANCOCIN) IV</li> <li>25 mg/kg, intravenous, once, Classification: Narrow Spectr</li> <li>When multiple antimicrobial a these immediately at the SAN wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, th antibiotic first. Refer to availa determination of broad-spect</li> </ul>	
Intramuscular route selected b         Administer dose by deep IM in         muscles or lateral part of the th         Type of Therapy: New Anti-Infr         Reason for Therapy: Bacterial         Indication: Sepsis         IM Route Selection: I have opt         access could not be established         Consult to Dose (Selection Required)         Image: Selection: VANCOCIN V         25 mg/kg, intravenous, once,         Classification: Narrow Spectr         When multiple antimicrobial a         these immediately at the SAN         wait for the first antibiotic to in         they may be administered pe         are NOT Y site compatible, th         antibiotic first. Refer to availa         determination of broad-spect	v 6 hours For 4 Dosos
<ul> <li>vancomycin (VANCOCIN) 25 mg/kg IV + Pharmacy Consult to Dose (Selection Required)</li> <li>vancomycin (VANCOCIN) IV</li> <li>25 mg/kg, intravenous, once, Classification: Narrow Spectr</li> <li>When multiple antimicrobial a these immediately at the SAN wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, th antibiotic first. Refer to availa determination of broad-spect</li> </ul>	because no IV access available. into large muscle mass (e.g. gluteal thigh). nfective Order al Infection Suspected pted to select the IM route because IV
<ul> <li>vancomycin (VANCOCIN) IV</li> <li>25 mg/kg, intravenous, once, Classification: Narrow Spectr</li> <li>When multiple antimicrobial a these immediately at the SAN wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, th antibiotic first. Refer to availa determination of broad-spect</li> </ul>	
Classification: Narrow Spectr When multiple antimicrobial a these immediately at the SAN wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, th antibiotic first. Refer to availa determination of broad-spect	a For 1 Dosos
these immediately at the SAN wait for the first antibiotic to in they may be administered pe are NOT Y site compatible, th antibiotic first. Refer to availa determination of broad-spect	
Reason for Therapy: Bacteria Indication: Sepsis	
[] Pharmacy consult to manage vancomycin STAT, Until discontinued, Sta	mial Pneumonia or Community-Acquired
Yes (Single Response)	

[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours, For 3 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wai for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] vancomycin (VANCOCIN) 25 mg/kg IV + Phare Consult to Dose (Selection Required)	
[] vancomycin (VANCOCIN) IV	25 mg/kg, intravenous, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk
) aztreonam (AZACTAM) 2 g intraMUSCULAR +	
vancomycin 25 mg/kg IV [ ] aztreonam (AZACTAM) IM	2 g, intramuscular, every 8 hours, For 3 Doses Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
[] vancomycin (VANCOCIN) 25 mg/kg IV + Phar	macy
Consult to Dose (Selection Required)           []         vancomycin (VANCOCIN) IV	25 mg/kg, intravenous, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk

() cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, once, For 1 Doses
	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first. Refe
	to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() cefTRIAXone (ROCEPHIN)	1 g, intramuscular, once, For 1 Doses
intraMUSCULAR	Intramuscular route selected because no IV access available. Administer
	dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral
	part of the thigh).
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	IM Route Selection: I have opted to select the IM route because IV
	access could not be established
() ceFEPime (MAXIPIME) IV - for	1 g, intravenous, every 6 hours, For 4 Doses
Hospital-Acquired Urinary Tract Infection	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refe
	to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
() ceFEPime (MAXIPIME) intraMUSCULAR -	1 g, intramuscular, every 6 hours, For 4 Doses Classification: Broad Spectrum Antibiotic
for Hospital-Acquired Urinary Tract Infection	Classification. Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first. Refe to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	IM Route Selection: I have opted to select the IM route because IV
	access could not be established

() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, once, For 1 Doses Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refe to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
) Intra-Abdominal Infection (Single Response)	
Does your patient have a SEVERE penicillin allerg	ıy?
() No (Single Response)	
() cefTRIAXone (ROCEPHIN) 1 g IV + metroNID (FLAGYL) 500 mg IV	AZOLE
[] cefTRIAXone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, once, For 1 Doses Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 8 hours, For 3 Doses
() sincrosillin tozobostom (ZOSYNI) 2 275 g IV	Classification: Broad Spectrum Antibiotic When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() piperacillin-tazobactam (ZOSYN) 3.375 g IV	2.275 g introvenous even 9 hours For 2 Deses
<ul> <li>[] piperacillin-tazobactam (ZOSYN) IV</li> <li>() If Pseudomonas Suspected - piperacillin-tazob</li> </ul>	<ul> <li>3.375 g, intravenous, every 8 hours, For 3 Doses Classification: Broad Spectrum Antibiotic</li> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> </ul>

[] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 8 hours, For 3 Doses Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() Yes (Single Response)	
() levofloxacin (LEVAQUIN) 750 mg IV + metrol (FLAGYL) 500 mg IV	NIDAZOLE
[] levofloxacin (LEVAQUIN) IV	750 mg, intravenous, once, For 1 Doses
	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] metronidazole (FLAGYL) IV	500 mg, intravenous, every 8 hours, For 3 Doses Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
() Sepsis of Unknown Source or IV Catheter-Relate	d
Infection (Single Response)	
Does your patient have a SEVERE penicillin AND	/OR vancomycin allergy?
() No SEVERE Penicillin OR Vancomycin Allergy Response)	(Single
	ancomycin may be associated with an increased incidence of acute kidney
injury	
() ceFEPime 2 g IV + vancomycin 15 mg/kg IV	
[] ceFEPime (MAXIPIME) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

Dose (Selection Required)           []         vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
1 Pharmacy consult to manage vancomycin	Indication: Sepsis STAT, Until discontinued, Starting S
[] Pharmacy consult to manage vancomycin	Indication: Sepsis of Unknown Source or IV Catheter-Related
	Infection
[] Optional IV Antibiotic Addition - tobramycin (T	
mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours
	Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
· · · · · · · · · · · · · · · · · · ·	Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S
	Which aminoglycoside do you need help dosing? tobramycin
	Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
piperacillin-tazobactam (ZOSYN) 4.5 g IV + var	
15 mg/kg IV (NOT HMW, HMWB)	loonyon
] piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours
	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wa
	for the first antibiotic to infuse. If agents are Y-site compatible, they m be administered per Y-site protocols. IF the ordered agents are NOT
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis

[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
[] Optional IV Antibiotic Addition - tobramycin (TOI mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
) piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + vancomycin 15 mg/kg IV (HMWB, HMW Only)	
[] piperacillin-tazobactam (ZOSYN) 4.5 g IV - HMV HMWB, HMSTJ Only	N, "Followed by" Linked Panel
[] piperacillin-tazobactam (ZOSYN) 4.5 g IV Once	4.5 g, intravenous, for .5 Hours, once, For 1 Doses Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours	4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+6 Hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

Dose (Selection Required) [] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S
	Indication: Sepsis of Unknown Source or IV Catheter-Related
] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg levofloxacin 750 mg IV (Single Response)	
() amikacin (AMIKIN) IV	15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
() levofloxacin (LEVAQUIN) IV	750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
Optional IV Antibiotic Addition - tobramycin (TC mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours
	Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S
	Which aminoglycoside do you need help dosing? tobramycin
	Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired

] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours
	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wa
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination o broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
<ul> <li>vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required)</li> </ul>	isult to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis of Unknown Source or IV Catheter-Related
	Infection
] Optional IV Antibiotic Addition - tobramycin (T mg/kg IV	OBREX) 7
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours
	Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
[] Pharmacy consult to dose tobramycin	Indication: Sepsis Routine, Until discontinued, Starting S
	Which aminoglycoside do you need help dosing? tobramycin
	Indication: Sepsis of Unknown Source or IV Catheter-Related
ceFEPime 2 g intraMUSCULAR + vancomycin	
] cefepime (MAXIPIME) IM	2 g, intramuscular, every 8 hours
	Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal
	muscles or lateral part of the thigh).
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	IM Route Selection: I have opted to select the IM route because IV access could not be established
[] vancomycin (VANCOCIN) IV + Pharmacy Co	

[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
<ul> <li>Optional IV Antibiotic Addition - tobramycin (<sup>-</sup> mg/kg IV</li> </ul>	TOBREX) 7
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
) meropenem (MERREM) 500 mg intraMUSCUI vancomycin 15 mg/kg IV	
[] meropenem (MERREM) intraMUSCULAR	<ul> <li>0.5 g, intramuscular, every 6 hours</li> <li>Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh)</li> <li>Reason for Therapy: Bacterial Infection Suspected</li> <li>Indication: Sepsis</li> <li>IM Route Selection: I have opted to select the IM route because IV access could not be established</li> </ul>
[] vancomycin (VANCOCIN) IV + Pharmacy Co	
Dose (Selection Required)           []         vancomycin (VANCOCIN)           []         vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
	<ul> <li>wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</li> <li>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> </ul>
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis of Unknown Source or IV Catheter-Related Infection

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
SEVERE Penicillin Allergy (Single Response)	
(i.e. Type 1 immediate hypersensitivity reactio	n - anaphylaxis, bronchospasm, angioedema, urticaria)
) aztreonam (AZACTAM) 2 g IV + tobramycin ( <sup>*</sup> mg/kg IV + vancomycin 15 mg/kg IV	TOBREX) 7
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	<ul> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wair for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first.</li> <li>Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</li> <li>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> </ul>
[] tobramycin (TOBREX) 7 mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection

[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
	antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
) aztreonam (AZACTAM) 2 g intraMUSCULAR + tobramycin (TOBREX) 7 mg/kg IV + vancomyci	
mg/kg IV	
[] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	IM Route Selection: I have opted to select the IM route because IV access could not be established
] tobramycin (TOBREX) 7 mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
<ul> <li>vancomycin (VANCOCIN) IV + Pharmacy Cor Dose (Selection Required)</li> </ul>	nsult to
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis of Unknown Source or IV Catheter-Related

mg/kg intraOSSEOUS	
[] aztreonam (AZACTAM) intraOSSEOUS	2 g, intraosseous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
[] tobramycin (TOBREX) 7 mg/kg intraOSSEOU	
[] tobramycin (TOBREX) intraOSSEOUS	7 mg/kg, intraosseous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
<ul> <li>vancomycin (VANCOCIN) intraOSSEOUS + F Consult to Dose (Selection Required)</li> </ul>	Pharmacy
[] vancomycin (VANCOCIN) intraOSSEOUS	15 mg/kg, intraosseous, every 12 hours Classification: Narrow Spectrum Antibiotic
	<ul> <li>When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered ager are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information an determination of broad-spectrum antibiotic selection chart.</li> <li>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further</li> </ul>
	deterioration of the patient's condition.
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis of Unknown Source or IV Catheter-Related Infection

Combined use of piperacillin/tazobactam and vancomycin may be associated with an increased incidence of acute kidney injury

] ceFEPime (MAXIPIME) IV	g IV 2 g, intravenous, every 8 hours
j ceFEPime (MAXIPIME) IV	Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of
	broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not wait
	for the first antibiotic to infuse. If agents are Y-site compatible, they may
	be administered per Y-site protocols. IF the ordered agents are NOT Y
	site compatible, then administer the Broad-spectrum antibiotic first.
	Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
] Optional IV Antibiotic Addition - tobramycin mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours
	Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer
	these immediately at the SAME TIME via different IV sites. Do not
	wait for the first antibiotic to infuse. If agents are Y-site compatible,
	they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum
	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
1 Pharmacy consult to dose tobramvcin	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Routine, Until discontinued, Starting S
[] Pharmacy consult to dose tobramycin	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin
piperacillin-tazobactam (ZOSYN) 4.5 g IV + li (ZYVOX) 600 mg IV (NOT HMW, HMWB)	<ul> <li>are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</li> </ul>
piperacillin-tazobactam (ZOSYN) 4.5 g IV + li (ZYVOX) 600 mg IV (NOT HMW, HMWB)	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection nezolid 4.5 g, intravenous, every 6 hours
piperacillin-tazobactam (ZOSYN) 4.5 g IV + li (ZYVOX) 600 mg IV (NOT HMW, HMWB)	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection nezolid
piperacillin-tazobactam (ZOSYN) 4.5 g IV + li (ZYVOX) 600 mg IV (NOT HMW, HMWB)	<ul> <li>are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>Routine, Until discontinued, Starting S</li> <li>Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</li> <li>nezolid</li> <li>4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic</li> <li>When multiple antimicrobial agents are ordered, you may administer</li> </ul>
piperacillin-tazobactam (ZOSYN) 4.5 g IV + li (ZYVOX) 600 mg IV (NOT HMW, HMWB)	<ul> <li>are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>Routine, Until discontinued, Starting S</li> <li>Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</li> <li>nezolid</li> <li>4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic</li> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait</li> </ul>
piperacillin-tazobactam (ZOSYN) 4.5 g IV + li (ZYVOX) 600 mg IV (NOT HMW, HMWB)	<ul> <li>are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>Routine, Until discontinued, Starting S</li> <li>Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</li> <li>nezolid</li> <li>4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic</li> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they main</li> </ul>
piperacillin-tazobactam (ZOSYN) 4.5 g IV + li (ZYVOX) 600 mg IV (NOT HMW, HMWB)	<ul> <li>are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>Routine, Until discontinued, Starting S</li> <li>Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</li> <li>nezolid</li> <li>4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic</li> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y</li> </ul>
piperacillin-tazobactam (ZOSYN) 4.5 g IV + li (ZYVOX) 600 mg IV (NOT HMW, HMWB)	<ul> <li>are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>Routine, Until discontinued, Starting S</li> <li>Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</li> <li>nezolid</li> <li>4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic</li> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they ma be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first.</li> </ul>
piperacillin-tazobactam (ZOSYN) 4.5 g IV + li (ZYVOX) 600 mg IV (NOT HMW, HMWB)	<ul> <li>are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</li> <li>nezolid</li> <li>4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic</li> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of</li> </ul>
piperacillin-tazobactam (ZOSYN) 4.5 g IV + li (ZYVOX) 600 mg IV (NOT HMW, HMWB)	<ul> <li>are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>Routine, Until discontinued, Starting S</li> <li>Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</li> <li>nezolid</li> <li>4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic</li> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first.</li> </ul>

[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Optional IV Antibiotic Addition - tobramycin	(TOBREX) 7
mg/kg IV [ ] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
) piperacillin-tazobactam (ZOSYN) EI 4.5 g IV (ZYVOX) 600 mg IV (HMWB, HMW Only)	+ linezolid
[] piperacillin-tazobactam (ZOSYNI) EI IV	4.5 g, intravenous, for 4 Hours, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
) meropenem (MERREM) 500 mg IV + linezolic 600 mg IV	
] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
] Optional IV Antibiotic Addition - tobramycin ( mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection

[] cefepime (MAXIPIME) IM	2 g, intramuscular, every 8 hours Intramuscular route selected because no IV access available. Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV access could not be established
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Optional IV Antibiotic Addition - tobramycin ( mg/kg IV	TOBREX) 7
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
) meropenem (MERREM) 500 mg intraMUSCU linezolid (ZYVOX) 600 mg IV	LAR +
[] meropenem (MERREM) intraMUSCULAR	<ul> <li>0.5 g, intramuscular, every 6 hours</li> <li>Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh)</li> <li>Reason for Therapy: Bacterial Infection Suspected</li> <li>Indication: Sepsis</li> <li>IM Route Selection: I have opted to select the IM route because IV access could not be established</li> </ul>
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis TOBREX) 7

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
SELECT for intraOSSEOUS route orders (Single Response)	
) ceFEPime 2 g intraOSSEOUS + linezolid (ZYVC mg intraOSSEOUS	)X) 600
[] ceFEPime (MAXIPIME) intraOSSEOUS	2 g, intraosseous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IO Route Selection: Unable to obtain IV access. I have opted to
	administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
[] linezolid in dextrose 5% (ZYVOX) intraOSSEOUS	600 mg, intraosseous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.

15 mg/kg, intraosseous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible,
they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
Indication: Sepsis
IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
750 mg, intraosseous, every 24 hours
Classification: Narrow Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
Indication: Sepsis IO Route Selection: Unable to obtain IV access. I have opted to
administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
obramycin
7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
Classification: Narrow Spectrum Antibiotic
When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not
wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum
antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.
Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
IO Route Selection: Unable to obtain IV access. I have opted to
administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
Routine, Until discontinued, Starting S
Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired

[] piperacillin-tazobactam (ZOSYN)	
intraOSSEOUS	4.5 g, intraosseous, every 6 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis
	IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
[] linezolid in dextrose 5% (ZYVOX)	600 mg, intraosseous, for 60 Minutes, every 12 hours
intraOSSEOUS	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents
	are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and
	determination of broad-spectrum antibiotic selection chart.
	Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis IO Route Selection: Unable to obtain IV access. I have opted to
	administer antibiotic via intraosseous route to prevent further
] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg	deterioration of the patient's condition.
<ul> <li>[] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg intraOSSEOUS +/- levofloxacin 750 mg intraO (Single Response)</li> </ul>	
() amikacin (AMIKIN) intraOSSEOUS	15 mg/kg, intraosseous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sensis
	<ul> <li>these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</li> <li>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further</li> </ul>
() levofloxacin (LEVAQUIN) intraOSSEOUS	<ul> <li>these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</li> <li>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>IO Route Selection: Unable to obtain IV access. I have opted to</li> </ul>
() levofloxacin (LEVAQUIN) intraOSSEOUS	<ul> <li>these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.</li> <li>750 mg, intraosseous, every 24 hours</li> <li>Classification: Narrow Spectrum Antibiotic</li> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</li> </ul>
() levofloxacin (LEVAQUIN) intraOSSEOUS	<ul> <li>these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.</li> <li>750 mg, intraosseous, every 24 hours Classification: Narrow Spectrum Antibiotic</li> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</li> </ul>

[] tobramycin (TOBREX) intraOSSEOUS	7 mg/kg, intraosseous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administ these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered ager are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information an determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquire Pneumonia with Multi-Drug Resistant Risk
<ul> <li>meropenem (MERREM) 500 mg intraOSSEO linezolid (ZYVOX) 600 mg intraOSSEOUS</li> </ul>	US +
[] meropenem (MERREM) intraOSSEOUS	500 mg, intraosseous, every 6 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected
	Indication: Sepsis IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
] linezolid in dextrose 5% (ZYVOX) intraOSSEOUS	600 mg, intraosseous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
	IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.

() amikacin (AMIKIN) intraOSSEOUS	15 mg/kg, intraosseous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
() levofloxacin (LEVAQUIN) intraOSSEOUS	750 mg, intraosseous, every 24 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
<ul> <li>Optional intraOSSEOUS Antibiotic Addition - tol (TOBREX) 7 mg/kg intraOSSEOUS</li> </ul>	pramycin
[] tobramycin (TOBREX) intraOSSEOUS	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administe these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication:
SEVERE Penicillin AND Vancomycin Allergy (Single Response)	3
	naphylaxis, bronchospasm, angioedema, urticaria)

mg/kg IV + linezolid (ZYVOX) 600 mg IV

[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours Classification: Broad Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] tobramycin (TOBREX) 7 mg/kg IV	
[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<ul> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first.</li> <li>Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</li> <li>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> </ul>
) aztreonam (AZACTAM) 2 g intraMUSCULAR - tobramycin (TOBREX) 7 mg/kg IV + linezolid ( 600 mg IV	
[] aztreonam (AZACTAM) intraMUSCULAR	2 g, intramuscular, every 8 hours Administer dose by deep IM into large muscle mass (e.g. gluteal muscles or lateral part of the thigh). Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IM Route Selection: I have opted to select the IM route because IV

[] tobramycin (TOBREX) IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
[] linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
) SELECT for intraOSSEOUS route orders (Sing Response)	le
<ul> <li>() aztreonam (AZACTAM) 2 g intraOSSEOUS + (TOBREX) 7 mg/kg intraOSSEOUS + linezoli 600 mg intraOSSEOUS</li> </ul>	
[] aztreonam (AZACTAM) intraOSSEOUS	2 g, intraosseous, every 8 hours Classification: Broad Spectrum Antibiotic
	<ul> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</li> <li>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.</li> </ul>

[] tobramycin (TOBREX) intraOSSEOUS	7 mg/kg, intraosseous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	Classification: Narrow Spectrum Antibiotic
	When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agent are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart. Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.
[] Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
[] linezolid in dextrose 5% (ZYVOX) intraOSSEOUS	600 mg, intraosseous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic
	<ul> <li>When multiple antimicrobial agents are ordered, you may administer these immediately at the SAME TIME via different IV sites. Do not wait for the first antibiotic to infuse. If agents are Y-site compatible, they may be administered per Y-site protocols. IF the ordered agents are NOT Y site compatible, then administer the Broad-spectrum antibiotic first. Refer to available Y site compatibility information and determination of broad-spectrum antibiotic selection chart.</li> <li>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</li> <li>IO Route Selection: Unable to obtain IV access. I have opted to administer antibiotic via intraosseous route to prevent further deterioration of the patient's condition.</li> </ul>
) Clostridium difficile (Single Response)	
<ul> <li>vancomycin 125 mg oral suspension + metroNID (FLAGYL) 500 mg IV</li> </ul>	JAZOLE
<ul> <li>vancomycin (VANCOCIN) 50 mg/ml oral suspension</li> </ul>	125 mg, oral, every 6 hours, For 4 Doses Reason for Therapy: Bacterial Infection Suspected Indication:
[] metronidazole (FLAGYL) IV	500 mg, intravenous, every 8 hours, For 3 Doses Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: C.difficile
<ul> <li>vancomycin 125 mg oral suspension + metroNID (FLAGYL) 500 mg oral capsule</li> </ul>	DAZOLE
<ul> <li>[] vancomycin (VANCOCIN) 50 mg/ml oral suspension</li> </ul>	125 mg, oral, every 8 hours, For 4 Doses Reason for Therapy: Bacterial Infection Suspected Indication: C.difficile
[] metroNIDAZOLE (FLAGYL) tablet	500 mg, oral, every 8 hours, For 3 Doses Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: C.difficile
ntibiotics Pharmacy Consult	
K] Pharmacy consult to manage dose adjustments for function	r renal Routine, Until discontinued, Starting S Adjust dose for: Pharmacy consult to review orders for renal dosing prior to administration of second dose of antibiotics

Colloid / Albumin (for patients not responding to initial	
] albumin human 5 % infusion	25 g, intravenous, once, For 1 Doses Administer 500 mL intravenous once ONLY for patients not responding to initial 30 ml/kg crystalloid fluid resuscitation fir Indication:
<b>Asopressor Therapy (if unresponsive to initial fluid bo</b> ** if unresponsive to initial fluid bolus ** Norepinephrine infusion is the first choice for Vasopress	
) norEPInephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, titrated Initiate norepinephrine infusion at 2 mcg/min. Titrate to keep MAP between 65 mmHg to 70 mmHg }. Titrate by 2 mcg/minute every 5 minutes for MAP 65- 70 mmHg. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min.
) EPINEPHrine (ADRENALIN) infusion	2-30 mcg/min, intravenous, titrated Titrate by 2 micrograms per minute every 5 minutes for mea arterial pressure 65-70 mmHg. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min.
	nded in the case of hypotension which is refractory to both fluids Iso be considered for patients with a history of recent and/or
] hydrocortisone sodium succinate (Solu-CORTEF) injection	50 mg, intravenous, every 6 hours For patients with shock refractory to fluids and vasopressors
injection _abs .aboratory - Additional	For patients with shock refractory to fluids and vasopressors
injection abs aboratory - Additional ] Blood gas, arterial	For patients with shock refractory to fluids and vasopressors STAT For 1 Occurrences
injection abs aboratory - Additional Blood gas, arterial Blood gas, venous	For patients with shock refractory to fluids and vasopressors STAT For 1 Occurrences STAT For 1 Occurrences
injection abs aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer	For patients with shock refractory to fluids and vasopressors STAT For 1 Occurrences STAT For 1 Occurrences STAT For 1 Occurrences
injection abs aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel	For patients with shock refractory to fluids and vasopressors STAT For 1 Occurrences STAT For 1 Occurrences STAT For 1 Occurrences STAT For 1 Occurrences STAT For 1 Occurrences
injection aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated	For patients with shock refractory to fluids and vasopressors STAT For 1 Occurrences STAT For 1 Occurrences
injection abs aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated Prothrombin time with INR	For patients with shock refractory to fluids and vasopressors STAT For 1 Occurrences STAT For 1 Occurrences
injection abs aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated Prothrombin time with INR Fibrinogen	For patients with shock refractory to fluids and vasopressors STAT For 1 Occurrences STAT For 1 Occurrences
injection aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated Prothrombin time with INR Fibrinogen Hepatic function panel	For patients with shock refractory to fluids and vasopressors STAT For 1 Occurrences STAT For 1 Occurrences
injection  aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated Prothrombin time with INR Fibrinogen Hepatic function panel I lonized calcium	For patients with shock refractory to fluids and vasopressors STAT For 1 Occurrences STAT For 1 Occurrences
injection  aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated Prothrombin time with INR Fibrinogen Hepatic function panel Ionized calcium Magnesium	For patients with shock refractory to fluids and vasopressors STAT For 1 Occurrences STAT For 1 Occurrences
injection  abs  aboratory - Additional  Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated Prothrombin time with INR Fibrinogen Hepatic function panel Ionized calcium Magnesium Phosphorus	For patients with shock refractory to fluids and vasopressors         STAT For 1 Occurrences
injection         _abs         .aboratory - Additional         ] Blood gas, arterial         ] Blood gas, venous         ] D-dimer         ] Comprehensive metabolic panel         ] Partial thromboplastin time, activated         ] Prothrombin time with INR         ] Fibrinogen         ] Hepatic function panel         ] Ionized calcium         ] Magnesium         ] Phosphorus         ] Type and screen	For patients with shock refractory to fluids and vasopressors         STAT For 1 Occurrences
injection aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated Prothrombin time with INR Fibrinogen Hepatic function panel Ionized calcium Magnesium Phosphorus Type and screen aboratory - Repeat	For patients with shock refractory to fluids and vasopressors         STAT For 1 Occurrences
injection abs aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated Prothrombin time with INR Fibrinogen Hepatic function panel Ionized calcium Magnesium Phosphorus Type and screen aboratory - Repeat Basic metabolic panel	For patients with shock refractory to fluids and vasopressors         STAT For 1 Occurrences         STAT For 1 Occurrences
injection  aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated Prothrombin time with INR Fibrinogen Hepatic function panel Ionized calcium Magnesium Phosphorus Type and screen  aboratory - Repeat Basic metabolic panel Blood gas, venous	For patients with shock refractory to fluids and vasopressors         STAT For 1 Occurrences
injection         _abs         aboratory - Additional         ] Blood gas, arterial         ] Blood gas, venous         ] D-dimer         ] Comprehensive metabolic panel         ] Partial thromboplastin time, activated         ] Prothrombin time with INR         ] Fibrinogen         ] Hepatic function panel         ] Ionized calcium         ] Magnesium         ] Phosphorus         ] Type and screen         aboratory - Repeat         ] Basic metabolic panel         ] Blood gas, venous         ] CBC with differential	For patients with shock refractory to fluids and vasopressors         STAT For 1 Occurrences         STAT For 1 Occurrences
injection         _abs         _aboratory - Additional         ] Blood gas, arterial         ] Blood gas, venous         ] D-dimer         ] Comprehensive metabolic panel         ] Partial thromboplastin time, activated         ] Prothrombin time with INR         ] Fibrinogen         ] Hepatic function panel         ] lonized calcium         ] Magnesium         ] Phosphorus         ] Type and screen         .aboratory - Repeat         ] Basic metabolic panel         ] Blood gas, venous         ] CBC with differential	For patients with shock refractory to fluids and vasopressors         STAT For 1 Occurrences         Every 6 hours, Starting S For 2 Occurrences
injection  aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated Prothrombin time with INR Fibrinogen Hepatic function panel Ionized calcium Magnesium Phosphorus Type and screen  aboratory - Repeat Basic metabolic panel Blood gas, venous CBC with differential aboratory - Additional Microbiology Screens Aerobic culture	For patients with shock refractory to fluids and vasopressors         STAT For 1 Occurrences         STAT For 1 Occurrences
injection         .abos         .aboratory - Additional         ] Blood gas, arterial         ] Blood gas, venous         ] D-dimer         ] Comprehensive metabolic panel         ] Partial thromboplastin time, activated         ] Prothrombin time with INR         ] Fibrinogen         ] Hepatic function panel         ] Ionized calcium         ] Magnesium         ] Phosphorus         ] Type and screen         .aboratory - Repeat         ] Blood gas, venous         ] CBC with differential         .aboratory - Additional Microbiology Screens         ] Aerobic culture         ] Anaerobic culture	For patients with shock refractory to fluids and vasopressors         STAT For 1 Occurrences         Every 6 hours, Starting S For 2 Occurrences         Every 6 hours, Starting S For 2 Occurrences         Every 6 hours, Starting S For 2 Occurrences         Once         Once
injection  aboratory - Additional Blood gas, arterial Blood gas, venous D-dimer Comprehensive metabolic panel Partial thromboplastin time, activated Prothrombin time with INR Fibrinogen Hepatic function panel Ionized calcium Magnesium Phosphorus Type and screen  aboratory - Repeat Basic metabolic panel Blood gas, venous CBC with differential  Aerobic culture	For patients with shock refractory to fluids and vasopressors         STAT For 1 Occurrences         Every 6 hours, Starting S For 2 Occurrences         Once

ECG	
[] ECG 12 lead	Routine, STAT For 1 Occurrences Clinical Indications: Rate/Rhythm Interpreting Physician:
Imaging	
Chest X -Ray	
[] Chest 1 Vw Portable	STAT, 1 time imaging For 1
[] Chest 2 Vw	STAT, 1 time imaging For 1
Consults	
Consults	
[] Consult Infectious Diseases	Reason for Consult? Consult with Infectious Disease to review and/or adjust current antibiotic selection if necessary. Initial treatment should already be initiated Patient/Clinical information communicated? Patient/clinical information communicated? Ordering provider must contact ID Consultant