

IV / Central Line Access - Hemodynamics Monitoring

IV / Central Line Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

Hemodynamic Monitoring

If patient has IJ or Subclavian Central Venous Line

<input type="checkbox"/> Hemodynamic Monitoring - CVP	Routine, Every hour Measure: CVP
---	-------------------------------------

Nursing

Nursing - HMSTC/HMSTJ Only

<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Place SpO2 monitor (near infrared spectroscopy)
<input checked="" type="checkbox"/> Telemetry	"And" Linked Panel
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Temperature Sensing Size: Urinometer needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain

Nursing - HMW Only

<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> Pulse oximetry	Routine, Daily Current FIO2 or Room Air: Place SpO2 monitor (near infrared spectroscopy)

<input checked="" type="checkbox"/> Daily weights	Routine, Daily Notify provider if weight is over 5 pounds from initial dry weight
<input checked="" type="checkbox"/> Activity: Bed rest initially then progress as tolerated	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Bed rest initially then progress activity as tolerated
<input checked="" type="checkbox"/> Patient education	Routine, Prior to discharge Patient/Family: Both Education for: Other (specify) Specify: Sepsis Education
<input checked="" type="checkbox"/> Telemetry	"And" Linked Panel
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> Insert and maintain Foley	
<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Temperature Sensing Size: Urinator needed:
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain

Notify

<input checked="" type="checkbox"/> 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 (mental status, vital signs)
--	---

Initial Management of Suspected Sepsis

Laboratory - Microbiology

unselect if already done within past 24 hours

<input checked="" type="checkbox"/> Blood culture x 2	"And" Linked Panel
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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 culture Once
Specimen Source: Urine
Specimen Site:

Laboratory - ISTAT FOR CINCO RANCH

unselect if already collected

Lactic acid, I-Stat, venous STAT For 1 Occurrences

Laboratory - STAT

unselect if already collected

Lactic acid level, SEPSIS - Now and repeat 2x every 3 hours Now and repeat 2x every 3 hours For 3 Occurrences
STAT-SPECIMEN MUST BE DELIVERED IMMEDIATELY TO THE LAB. Repeat lactic acid 3 hours timed from presentation time x 2 (Total of 3 draws)

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

Crystalloids for Fluid Resuscitation (for hypotension or lactate level GREATER than or EQUAL to 4 mmol/L, administer 30mL/Kg for a target MAP 65-70 or SBP GREATER than 90) - HMW, HMSTC Only (Single Response) (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 dose IV fluids using Ideal Body Weight (IBW).

Calculate dose using Ideal Body Weight (IBW) (Single Response)

lactated ringers IV bolus + Vital Signs OR infusion - For Obese Patients (Single Response)

lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours - For Obese Patients **"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 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 OR infusion - For Obese Patients (Single Response)

() sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours - For Obese Patients	"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
[] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
() sodium chloride 0.9% infusion - For Obese Patients	"And" Linked Panel
[] 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 Weight (IBW) (Single Response)	
() lactated ringers IV bolus + Vital Signs OR infusion (Single Response)	
() lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours	"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.
() sodium chloride 0.9% bolus + Vital Signs OR infusion (Single Response)	
() sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours - For Obese Patients	"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 - For Obese Patients	"And" Linked Panel

<input type="checkbox"/> 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.
<hr/>	
() 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 (Single Response)	
<hr/>	
() 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	Routine, Once
<hr/>	
() No (Single Response)	
<hr/>	
() lactated ringers IV bolus + Vital Signs OR infusion (Single Response)	
<hr/>	
() lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours	"And" Linked Panel
<hr/>	
<input type="checkbox"/> 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.
<hr/>	
<input type="checkbox"/> Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
<hr/>	
() lactated ringers IV infusion	"And" Linked Panel
<hr/>	
<input type="checkbox"/> 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.
<hr/>	
() sodium chloride 0.9% bolus + Vital Signs OR infusion (Single Response)	
<hr/>	
() sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours	"And" Linked Panel
<hr/>	
<input type="checkbox"/> 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.
<hr/>	
<input type="checkbox"/> Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
<hr/>	
() sodium chloride 0.9% infusion	"And" Linked Panel
<hr/>	
<input type="checkbox"/> 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.
<hr/>	
() Patient does NOT meet requirements for fluid at this time (Single Response)	

- Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. Routine, Once
 No additional crystalloid IV fluid resuscitation bolus indicated at this time

Crystalloids for Fluid Resuscitation for hypotension, lactic acid greater than 2.0, or any one sign or symptom of acute organ dysfunction) - NOT HMSTC HMW (Single Response) (Selection Required)

The target fluid bolus volume can be calculated using the ideal weight as long as the provider indicates that the patient is obese. If the provider does not indicate obesity, the actual weight will be used to calculate the target volume.

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) (Single Response)

- lactated ringers IV bolus + Vital Signs OR infusion - For Obese Patients (Single Response)

- lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours - For Obese Patients **"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 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 OR infusion - For Obese Patients (Single Response)

- sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours - For Obese Patients **"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

- Sepsis vital signs - T/P/R/BP STAT, Every 15 min For 4 Hours

- sodium chloride 0.9% infusion - For Obese Patients **"And" Linked Panel**

<input type="checkbox"/> 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.
<hr/>	
() Do NOT calculate dose using Ideal Body Weight (IBW) (Single Response)	
<hr/>	
() lactated ringers IV bolus + Vital Signs OR infusion (Single Response)	
<hr/>	
() lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours	
"And" Linked Panel	
<input type="checkbox"/> 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.
<hr/>	
<input type="checkbox"/> Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
<hr/>	
() lactated ringers IV infusion	
"And" Linked Panel	
<input type="checkbox"/> 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.
<hr/>	
() sodium chloride 0.9% bolus + Vital Signs OR infusion - For Obese Patients (Single Response)	
<hr/>	
() sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours - For Obese Patients	
"And" Linked Panel	
<input type="checkbox"/> 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.
<hr/>	
<input type="checkbox"/> Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
<hr/>	
() sodium chloride 0.9% infusion - For Obese Patients	
"And" Linked Panel	
<input type="checkbox"/> 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.
<hr/>	
() 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 (Single Response)	
<hr/>	
() 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	
<hr/>	
() No (Single Response)	

lactated ringers IV bolus + Vital Signs OR infusion
(Single Response)

lactated ringers IV bolus + Vitals Every 15 Minutes x 4 Hours **"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.

sodium chloride 0.9% bolus + Vital Signs OR infusion
(Single Response)

sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours **"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 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.

Patient does NOT meet requirements for fluid at this time
(Single Response)

Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. Routine, Once
No additional crystalloid IV fluid resuscitation bolus indicated at this time

Antibiotics (Single Response)

** if not already started within the last 24 hours **

Please Select the appropriate indication for antibiotic use below

Community-Acquired Pneumonia (Single Response)

Recommended: Either A beta-lactam plus azithromycin combination therapy or a fluoroquinolone as monotherapy

Does your patient have a SEVERE penicillin allergy?

No (Single Response)

cefTRIAxone (ROCEPHIN) 1 g IV + azithromycin (ZITHROMAX) 500 mg IV **"And" Linked Panel**

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 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

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 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) 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 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

Healthcare-Acquired Pneumonia (Single Response)

Does your patient have a SEVERE penicillin allergy?

No (Single Response)

ceFEPime 1 g IV + vancomycin 25 mg/kg IV

ceFEPime (MAXIPIME) IV

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 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 + Pharmacy
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
() ceFEPime 1 g intraMUSCULAR + vancomycin 25 mg/kg IV	
[] 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
[] vancomycin (VANCOCIN) 25 mg/kg IV + Pharmacy 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
() 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) 25 mg/kg IV + Pharmacy 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
() If Pseudomonas Suspected - piperacillin-tazobactam (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 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 + Pharmacy 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
() meropenem (MERREM) 500 mg IV + vancomycin 25 mg/kg IV	

[] meropenem (MERREM) IV	500 mg, 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 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 + Pharmacy 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
() meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 25 mg/kg IV	
[] meropenem (MERREM) IM	500 mg, 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 IM Route Selection: I have opted to select the IM route because IV 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, 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
() Yes (Single Response)	
() aztreonam (AZACTAM) 2 g IV + vancomycin 25 mg/kg IV	

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 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) 25 mg/kg IV + Pharmacy
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 + Pharmacy
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

Urinary Tract Infection (Single Response)

Does your patient have a SEVERE penicillin allergy?

No (Single Response)

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.

Type of Therapy: New Anti-Infective Order
Reason for Therapy: Bacterial Infection Suspected
Indication: Sepsis

cefTRIAxone (ROCEPHIN)
intraMUSCULAR

1 g, intramuscular, once, For 1 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

ceFEPime (MAXIPIME) IV - for
Hospital-Acquired Urinary Tract Infection

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 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

ceFEPime (MAXIPIME) intraMUSCULAR -
for Hospital-Acquired Urinary Tract Infection

1 g, intramuscular, 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 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

IM Route Selection: I have opted to select the IM route because IV access could not be established

Yes (Single Response)

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

Intra-Abdominal Infection (Single Response)

Does your patient have a SEVERE penicillin allergy?

No (Single Response)

cefTRIAxone (ROCEPHIN) 1 g IV + metroNIDAZOLE (FLAGYL) 500 mg IV

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
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

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.

Reason for Therapy: Bacterial Infection Suspected

Indication: Sepsis

If Pseudomonas Suspected - piperacillin-tazobactam (ZOSYN) 4.5 g 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 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 + metroNIDAZOLE (FLAGYL) 500 mg IV

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-Related Infection (Single Response)

Does your patient have a SEVERE penicillin AND/OR vancomycin allergy?

No SEVERE Penicillin OR Vancomycin Allergy (Single Response)

Combined use of piperacillin/tazobactam and vancomycin 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

[] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic
[] vancomycin (VANCOCIN)	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 (TOBREX) 7 mg/kg IV	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
[] tobramycin (TOBREX) IV	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 + vancomycin 15 mg/kg IV (NOT HMW, HMWB)	4.5 g, intravenous, every 6 hours Classification: Broad Spectrum Antibiotic
[] piperacillin-tazobactam (ZOSYN) IV	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
[] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	

[] vancomycin (VANCOGIN)	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 (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 + vancomycin 15 mg/kg IV (HMWB, HMW Only)	
[] piperacillin-tazobactam (ZOSYN) 4.5 g IV - HMW, HMWB, HMSTJ Only	"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

[] vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
[] vancomycin (VANCOCIN)	<p>15 mg/kg, intravenous, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>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</p>
[] Pharmacy consult to manage vancomycin	<p>STAT, Until discontinued, Starting S Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</p>
[] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg IV +/- levofloxacin 750 mg IV (Single Response)	
<p>() amikacin (AMIKIN) IV</p> <p>() levofloxacin (LEVAQUIN) IV</p>	<p>15 mg/kg, intravenous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic</p> <p>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</p> <p>750 mg, intravenous, every 24 hours Classification: Narrow Spectrum Antibiotic</p> <p>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</p>
[] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	
[] tobramycin (TOBREX) IV	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>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</p>
[] Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Nosocomial Pneumonia or Community-Acquired Pneumonia with Multi-Drug Resistant Risk</p>

<input type="checkbox"/> meropenem (MERREM) 500 mg IV + vancomycin 15 mg/kg IV	
<input type="checkbox"/> 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
<input type="checkbox"/> vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
<input type="checkbox"/> 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
<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis of Unknown Source or IV Catheter-Related Infection
<input type="checkbox"/> Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> ceFEPime 2 g intraMUSCULAR + vancomycin 15 mg/kg IV	
<input type="checkbox"/> 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
<input type="checkbox"/> vancomycin (VANCOCIN) IV + Pharmacy Consult to 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 Infection
[] 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
() meropenem (MERREM) 500 mg intraMUSCULAR + vancomycin 15 mg/kg IV	
[] meropenem (MERREM) intraMUSCULAR	0.5 g, intramuscular, every 6 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
[] vancomycin (VANCOCIN) IV + Pharmacy Consult to 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 Infection
[] 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
() SEVERE Penicillin Allergy (Single Response) (i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)	
() aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 mg/kg IV + vancomycin 15 mg/kg 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
[] vancomycin (VANCOCIN) IV + Pharmacy Consult to 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 Infection
() aztreonam (AZACTAM) 2 g intraMUSCULAR + tobramycin (TOBREX) 7 mg/kg IV + vancomycin 15 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
[] vancomycin (VANCOCIN) IV + Pharmacy Consult to 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 Infection
() SELECT for intraOSSEOUS route orders (Single Response)	

() aztreonam (AZACTAM) 2 g intraOSSEOUS + tobramycin (TOBREX) 7 mg/kg intraOSSEOUS + vancomycin 15 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 intraOSSEOUS

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 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.

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) intraOSSEOUS + Pharmacy Consult to Dose (Selection Required)

vancomycin (VANCOCIN) intraOSSEOUS

15 mg/kg, intraosseous, 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.

Pharmacy consult to manage vancomycin

STAT, Until discontinued, Starting S

Indication: Sepsis of Unknown Source or IV Catheter-Related Infection

() SEVERE Vancomycin Allergy (Single Response)

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

ceFEPime 2 g IV + linezolid (ZYVOX) 600 mg 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

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) 4.5 g IV + linezolid (ZYVOX) 600 mg IV (NOT HMW, HMWB)

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 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	<p>600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>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</p>
[] Optional IV Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg IV	
[] tobramycin (TOBREX) IV	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function</p> <p>Classification: Narrow Spectrum Antibiotic</p> <p>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</p>
[] Pharmacy consult to dose tobramycin	<p>Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection</p>
() piperacillin-tazobactam (ZOSYN) EI 4.5 g IV + linezolid (ZYVOX) 600 mg IV (HMWB, HMW Only)	
[] piperacillin-tazobactam (ZOSYNI) EI IV	<p>4.5 g, intravenous, for 4 Hours, every 8 hours Classification: Broad Spectrum Antibiotic</p> <p>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</p>
[] linezolid in dextrose 5% (ZYVOX) IVPB	<p>600 mg, intravenous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>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</p>
[] 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
() meropenem (MERREM) 500 mg IV + linezolid (ZYVOX) 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 (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
() ceFEPime 2 g intraMUSCULAR + linezolid (ZYVOX) 600 mg IV	

[] 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 (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
() meropenem (MERREM) 500 mg intraMUSCULAR + linezolid (ZYVOX) 600 mg IV	
[] meropenem (MERREM) intraMUSCULAR	0.5 g, intramuscular, every 6 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
[] 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
() SELECT for intraOSSEOUS route orders (Single Response)	
() ceFEPime 2 g intraOSSEOUS + linezolid (ZYVOX) 600 mg intraOSSEOUS	
[] 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.
[] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg intraOSSEOUS +/- levofloxacin 750 mg intraOSSEOUS (Single Response)	

<input type="checkbox"/> amikacin (AMIKIN) intraOSSEOUS	15 mg/kg, intraosseous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic
	<p>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.</p> 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.
<input type="checkbox"/> levofloxacin (LEVAQUIN) intraOSSEOUS	750 mg, intraosseous, every 24 hours Classification: Narrow Spectrum Antibiotic
	<p>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.</p> 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.
<input type="checkbox"/> Optional intraOSSEOUS Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg intraOSSEOUS	
<input type="checkbox"/> 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 <p>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.</p> 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.
<input type="checkbox"/> 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 Pneumonia with Multi-Drug Resistant RIsk
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) 4.5 g intraOSSEOUS + linezolid (ZYVOX) 600 mg intraOSSEOUS	

<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) intraOSSEOUS	<p>4.5 g, intraosseous, every 6 hours Classification: Broad Spectrum Antibiotic</p> <p>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.</p>
<input type="checkbox"/> linezolid in dextrose 5% (ZYVOX) intraOSSEOUS	<p>600 mg, intraosseous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>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.</p>
<input type="checkbox"/> Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg intraOSSEOUS +/- levofloxacin 750 mg intraOSSEOUS (Single Response)	
<input type="checkbox"/> amikacin (AMIKIN) intraOSSEOUS	<p>15 mg/kg, intraosseous, for 30 Minutes, once, For 1 Doses Classification: Narrow Spectrum Antibiotic</p> <p>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.</p>
<input type="checkbox"/> levofloxacin (LEVAQUIN) intraOSSEOUS	<p>750 mg, intraosseous, every 24 hours Classification: Narrow Spectrum Antibiotic</p> <p>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.</p>

[] Optional intraOSSEOUS Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg intraOSSEOUS	
[] tobramycin (TOBREX) intraOSSEOUS	7 mg/kg, intraosseous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function
	<p>Classification: Narrow Spectrum Antibiotic</p> <p>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.</p> <p>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.</p>
[] 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 Pneumonia with Multi-Drug Resistant Risk
() meropenem (MERREM) 500 mg intraOSSEOUS + linezolid (ZYVOX) 600 mg intraOSSEOUS	
[] meropenem (MERREM) intraOSSEOUS	<p>500 mg, intraosseous, every 6 hours Classification: Narrow Spectrum Antibiotic</p> <p>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.</p> <p>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.</p>
[] linezolid in dextrose 5% (ZYVOX) intraOSSEOUS	<p>600 mg, intraosseous, for 60 Minutes, every 12 hours Classification: Narrow Spectrum Antibiotic</p> <p>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.</p> <p>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.</p>
[] Adjunct Antibiotics - amikacin (AMIKIN) 15 mg/kg intraOSSEOUS +/- levofloxacin 750 mg intraOSSEOUS (Single Response)	

<input type="checkbox"/> 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: 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.	
<input type="checkbox"/> levofloxacin (LEVAQUIN) intraOSSEOUS	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.	
<input type="checkbox"/> Optional intraOSSEOUS Antibiotic Addition - tobramycin (TOBREX) 7 mg/kg intraOSSEOUS	
<input type="checkbox"/> 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 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.	
<input type="checkbox"/> Pharmacy consult to dose tobramycin	Routine, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication:
<input type="checkbox"/> SEVERE Penicillin AND Vancomycin Allergy (Single Response)	
(i.e. Type 1 immediate hypersensitivity reaction - anaphylaxis, bronchospasm, angioedema, urticaria)	
<input type="checkbox"/> aztreonam (AZACTAM) 2 g IV + tobramycin (TOBREX) 7 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
	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
() aztreonam (AZACTAM) 2 g intraMUSCULAR + tobramycin (TOBREX) 7 mg/kg IV + linezolid (ZYVOX) 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 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
[] 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 (Single Response)	
() aztreonam (AZACTAM) 2 g intraOSSEOUS + tobramycin (TOBREX) 7 mg/kg intraOSSEOUS + linezolid (ZYVOX) 600 mg 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 intraOSSEOUS	

[] 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 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.
[] 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
	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.

() Clostridium difficile (Single Response)

() vancomycin 125 mg oral suspension + metronIDAZOLE (FLAGYL) 500 mg IV	
[] vancomycin (VANCOCIN) 50 mg/ml oral suspension	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
() vancomycin 125 mg oral suspension + metronIDAZOLE (FLAGYL) 500 mg oral capsule	
[] vancomycin (VANCOCIN) 50 mg/ml oral suspension	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

Antibiotics Pharmacy Consult

[X] Pharmacy consult to manage dose adjustments for renal function	Routine, Until discontinued, Starting S Adjust dose for: Pharmacy consult to review orders for renal dosing prior to administration of second dose of antibiotics
--	---

Additional Management of Sepsis

Colloid / Albumin (for patients not responding to initial fluid resuscitation with crystalloids)

<input type="checkbox"/> 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 first. Indication:
---	---

Vasopressor Therapy (if unresponsive to initial fluid bolus) (Single Response)

** if unresponsive to initial fluid bolus **

Norepinephrine infusion is the first choice for Vasopressor Therapy

<input type="checkbox"/> norEPIneprine (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.
<input type="checkbox"/> EPINEPHrine (ADRENALIN) infusion	2-30 mcg/min, intravenous, titrated Titrate by 2 micrograms per minute every 5 minutes for mean arterial pressure 65-70 mmHg. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min.

Steroids

Per 2012 guidelines, steroid therapy is only recommended in the case of hypotension which is refractory to both fluids and vasopressor therapy. Stress dose steroids should also be considered for patients with a history of recent and/or chronic steroid use

<input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection	50 mg, intravenous, every 6 hours For patients with shock refractory to fluids and vasopressors.
--	---

Labs

Laboratory - Additional

<input type="checkbox"/> Blood gas, arterial	STAT For 1 Occurrences
<input type="checkbox"/> Blood gas, venous	STAT For 1 Occurrences
<input type="checkbox"/> D-dimer	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time, activated	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/> Fibrinogen	STAT For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Ionized calcium	STAT For 1 Occurrences
<input type="checkbox"/> Magnesium	STAT For 1 Occurrences
<input type="checkbox"/> Phosphorus	STAT For 1 Occurrences
<input type="checkbox"/> Type and screen	STAT For 1 Occurrences

Laboratory - Repeat

<input type="checkbox"/> Basic metabolic panel	Every 6 hours, Starting S For 2 Occurrences
<input type="checkbox"/> Blood gas, venous	Every 6 hours, Starting S For 2 Occurrences
<input type="checkbox"/> CBC with differential	Every 6 hours, Starting S For 2 Occurrences

Laboratory - Additional Microbiology Screens

<input type="checkbox"/> Aerobic culture	Once
<input type="checkbox"/> Anaerobic culture	Once
<input type="checkbox"/> Respiratory culture, quantitative	Once, Mini bronchial alveolar lavage
<input type="checkbox"/> Respiratory pathogen panel	Once
<input type="checkbox"/> Sputum culture	Once, Sputum

Cardiology

ECG

<input type="checkbox"/> ECG 12 lead	Routine, STAT For 1 Occurrences Clinical Indications: Rate/Rhythm Interpreting Physician:
--------------------------------------	---

Imaging

Chest X -Ray

<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging For 1
<input type="checkbox"/> Chest 2 Vw	STAT, 1 time imaging For 1

Consults

Consults

<input type="checkbox"/> 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
--	--