

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
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Nursing

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: Bedrest initially then progress as tolerated	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Bedrest initially then progress as tolerated
<input checked="" type="checkbox"/> Patient education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Sepsis Education

Nursing - Not HMW

<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)

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)
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Initial Management of Suspected Sepsis

Laboratory - Microbiology

unselect if already done within past 24 hours

"And" Linked Panel	
<input checked="" type="checkbox"/> Blood culture x 2	
<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.
<input checked="" type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once For 1 Occurrences Specimen Source: Urine Specimen Site:

Laboratory - STAT

unselect if already collected

<input checked="" type="checkbox"/> 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 LABORATORY. Repeat lactic acid in 3 hours.
<input checked="" type="checkbox"/> CBC with platelet and differential	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time, activated	STAT For 1 Occurrences

Consults

Consults

<input checked="" type="checkbox"/> Consult to Sepsis Response Team	Does the patient display signs and symptoms suspicious of infection at this time? Yes Reason for Consult? Evaluate patient for sepsis and initiation of Sepsis Acute Care Initial Treatment Protocol
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Consults HMSTJ Only (Selection Required)

<input checked="" type="checkbox"/> Notify Rapid Response Team	STAT, Once For 1 Occurrences
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