

## IV / Central Line Access - Hemodynamics Monitoring

### IV / Central Line Access

#### [X] 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

### Vital Signs

<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 FIO <sub>2</sub> or Room Air: Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of pulse oximetry assessment. Current FIO <sub>2</sub> or Room Air: Place SpO <sub>2</sub> monitor (near infrared spectroscopy).

### Notify - HMSTJ

<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

### Blood Cultures

\*\*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 STAT 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, one set may be drawn from a central line; an IV line should NEVER be used.
<input checked="" type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect STAT 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, one set may be drawn from a central line; an IV line should NEVER be used.

### Lactic Acid - STAT and repeat 2 times every 3 hours

\*\*unselect if already collected\*\*

[X] 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.
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**Crystalloids for Fluid Resuscitation for hypotension, lactic acid greater than 2.0, or any one sign or symptom of acute organ dysfunction) (Single Response) (Selection Required)**

\*\*ONE MUST BE SELECTED\*\*

(X) lactated ringer's + Vitals Every 30 Minutes x 2	<b>"And" Linked Panel</b>
[X] 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. Is this patient obese? (BMI GREATER than 30):
[X] 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.
[X] Sepsis vital signs - T/P/R/BP	STAT, Every 15 min For 4 Hours
( ) sodium chloride 0.9% bolus + Vitals Every 30 Minutes x 2 (Single Response)	
( ) sodium chloride 0.9% bolus + Vitals Every 15 Minutes x 4 Hours	<b>"And" Linked Panel</b>
[ ] 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	<b>"And" Linked Panel</b>
[ ] 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 have initial hypotension, severe sepsis, nor septic shock at this time. No additional crystalloid IV fluid resuscitation bolus indicated at this time	Routine, Once

**Antibiotics for Community-Acquired Pneumonia (Single Response)**

Select cefTRIAXone PLUS azithromycin OR cefTRIAXone PLUS levofloxacin:

( ) cefTRIAXone (ROCEPHIN) 1 gram IV PLUS azithromycin (ZITHROMAX) 500 mg IV	<b>"And" Linked Panel</b>
[ ] cefTRIAXone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication:
[ ] azithromycin (ZITHROMAX) IV	500 mg, intravenous, for 60 Minutes, every 24 hours Reason for Therapy: Bacterial Infection Suspected Indication:

( ) cefTRIAXone (ROCEPHIN) 1 gram IV PLUS levofloxacin (LEVAQUIN) 750 mg IV      **"And" Linked Panel**

[ ] cefTRIAXone (ROCEPHIN) IV      1 g, intravenous, for 30 Minutes, every 24 hours  
Type of Therapy: New Anti-Infective Order  
Reason for Therapy: Bacterial Infection Suspected  
Indication: Sepsis

[ ] levofloxacin (LEVAQUIN) IV      750 mg, intravenous, every 24 hours  
Type of Therapy: New Anti-Infective Order  
Reason for Therapy: Bacterial Infection Suspected  
Indication: Sepsis

**Antibiotics for Nosocomial Pneumonia OR Community-Acquired Pneumonia with Multi Drug-Resistant Risk**

(e.g. Nursing home resident, IV antibiotic exposure or hospitalization within previous 90 days, chronic dialysis, immunosuppressed, on home infusion therapy or home wound care)

Select ONE from BOTH Option 1 and Option 2

Substitute linezolid (ZYVOX) for patients with SEVERE vancomycin allergy.

May select tobramycin (TOBREX) as an additional option

[ ] MUST Select ONE from Option 1: cefepime (MAXIPIME) IVPB OR piperacillin-tazobactam (ZOSYN) IVPB OR meropenem (MERREM) IVPB (Single Response)  
(Selection Required)

Use meropenem (MERREM) if history of infection with ESBL-producing organism or recent prolonged treatment with piperacillin/tazobactam or cefepime

( ) cefepime (MAXIPIME) 1 g IVPB      1 g, intravenous, every 6 hours  
Type of Therapy: New Anti-Infective Order  
Reason for Therapy: Bacterial Infection Suspected  
Indication: Sepsis

( ) piperacillin-tazobactam (ZOSYN) 4.5 g IV - NOT HMW, HMWB, HMSTJ

[ ] 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

( ) 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

<p><input type="checkbox"/> piperacillin-tazobactam (ZOSYN) 4.5 g IV every 8 hours</p> <p><input type="checkbox"/> meropenem (MERREM) 500 mg IVPB</p> <p><input type="checkbox"/> MUST Select ONE from Option 2: vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)</p> <p><input type="checkbox"/> vancomycin (VANCOCIN)</p> <p><input type="checkbox"/> Pharmacy consult to manage vancomycin</p> <p><input type="checkbox"/> Option 2 for patients with SEVERE vancomycin allergy: linezolid in dextrose 5% (ZYVOX) IVPB</p> <p><input type="checkbox"/> Optional IV Antibiotic Addition - tobramycin (TOBREX) IV PLUS Pharmacy Consult to Dose</p> <p><input type="checkbox"/> tobramycin (TOBREX) 7 mg/kg IVPB</p> <p><input type="checkbox"/> Pharmacy consult to dose tobramycin</p>	<p>4.5 g, intravenous, for 4 Hours, every 8 hours, Starting H+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.</p> <p>Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p> <p>500 mg, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p> <p>15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication:</p> <p>STAT, Until discontinued, Starting S Indication:</p> <p>600 mg, intravenous, for 60 Minutes, every 12 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p> <p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p> <p>STAT, 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>
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#### Antibiotics for Nosocomial Pneumonia OR Community-Acquired Pneumonia with Multi Drug-Resistant Risk with SEVERE Penicillin Allergy

For patients with SEVERE Penicillin Allergy (i.e. type I immediate hypersensitivity reaction – anaphylaxis, bronchospasm, angioedema, urticaria)

Select levofloxacin PLUS tobramycin PLUS vancomycin.

Substitute linezolid (ZYVOX) for patients with SEVERE vancomycin allergy.

<p><input type="checkbox"/> SELECT - levofloxacin (LEVAQUIN) IV solution</p>	<p>750 mg, intravenous, every 24 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>
<p><input type="checkbox"/> PLUS - tobramycin (TOBREX) IV PLUS Pharmacy Consult to Dose</p> <p><input type="checkbox"/> tobramycin (TOBREX) 7 mg/kg IVPB</p>	<p>7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis</p>
<p><input type="checkbox"/> Pharmacy consult to dose tobramycin</p>	<p>STAT, 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>

[ ] PLUS - vancomycin (VANCOGIN) IV + Pharmacy  
Consult to Dose (Selection Required)

[ ] vancomycin (VANCOGIN)	15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication:
[ ] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication:
[ ] OR - for patients with SEVERE vancomycin allergy: linezolid in dextrose 5% (ZYVOX) IVPB	600 mg, intravenous, for 60 Minutes, every 12 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

**Antibiotics for Urinary Tract Infection**

SELECT ONE of the following:

cefTRIAxone OR cefepime OR piperacillin-tazobactam OR meropenem

Use aztreonam IF SEVERE penicillin allergy

Optional - ADD tobramycin

[ ] SELECT ONE of the following - cefTRIAxone (ROCEPHIN) IV or cefepime (MAXIPIME) IV or piperacillin-tazobactam (ZOSYN) IV or meropenem (MERREM) IV (Single Response) (Selection Required)

Select ONE of the following:

Use meropenem (MERREM) if history of infection with ESBL-producing organism or recent prolonged treatment with zosyn or cefepime

( ) cefTRIAxone (ROCEPHIN) IV	1 g, intravenous, for 30 Minutes, every 24 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
( ) cefepime (MAXIPIME) IV	1 g, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
( ) piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
( ) meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

[ ] If SEVERE Penicillin Allergy - aztreonam (AZACTAM) IVPB

For Patients with SEVERE Penicillin Allergy:

[ ] aztreonam (AZACTAM) 1 g IVPB	1 g, intravenous, every 8 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
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[ ] Optional IV Antibiotic ADD - tobramycin (TOBREX) IV  
PLUS Pharmacy Consult to Dose

[ ] tobramycin (TOBREX) 7 mg/kg IVPB	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
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[ ] Pharmacy consult to dose tobramycin	STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis - Urinary Tract Infection
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## Antibiotics for Skin and Soft Tissue Infection - Uncomplicated Cellulitis (Single Response)

Select ONE of the following:

Substitute linezolid (ZYVOX) for SEVERE vancomycin allergy

( ) vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)

vancomycin (VANCOCIN)

15 mg/kg, intravenous, every 12 hours

Reason for Therapy: Bacterial Infection Suspected

Indication:

Pharmacy consult to manage vancomycin

STAT, Until discontinued, Starting S

Indication: Sepsis - Skin and Soft Tissue Infection - Uncomplicated Cellulitis

( ) For patients allergic to vancomycin: linezolid in dextrose 5% (ZYVOX) IVPB

600 mg, intravenous, for 60 Minutes, every 12 hours

Type of Therapy: New Anti-Infective Order

Reason for Therapy: Bacterial Infection Suspected

Indication: Sepsis

## Antibiotics for Complicated Skin and Soft Tissue Infections

(eg. necrotizing fasciitis, gangrene, or diabetic foot)

Select BOTH piperacillin-tazobactam PLUS vancomycin

Optional IV Antibiotic ADD - clindamycin

SELECT - piperacillin-tazobactam (ZOSYN) IV

3.375 g, intravenous, every 6 hours

Type of Therapy: New Anti-Infective Order

Reason for Therapy: Bacterial Infection Suspected

Indication: Sepsis

PLUS - vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)

vancomycin (VANCOCIN)

15 mg/kg, intravenous, every 12 hours

Reason for Therapy: Bacterial Infection Suspected

Indication:

Pharmacy consult to manage vancomycin

STAT, Until discontinued, Starting S

Indication: Sepsis - Complicated Skin and Soft Tissue Infection

Optional IV Antibiotic ADD - clindamycin (CLEOCIN) IV

clindamycin (CLEOCIN) 600 mg IVPB

600 mg, intravenous, for 30 Minutes, every 8 hours

Type of Therapy: New Anti-Infective Order

Reason for Therapy: Bacterial Infection Suspected

Indication: Sepsis

## Antibiotics for Complicated Skin and Soft Tissue Infections with SEVERE Penicillin Allergy

(eg. necrotizing fasciitis, gangrene, or diabetic foot)

For patients with SEVERE Penicillin Allergies (i.e. type I immediate hypersensitivity reaction – anaphylaxis, bronchospasm, angioedema, urticaria)

Select tobramycin OR levofloxacin IV PLUS vancomycin PLUS clindamycin OR metronidazole

SELECT - tobramycin (TOBREX) IV PLUS Pharmacy Consult to Dose

tobramycin (TOBREX) 7 mg/kg IVPB

7 mg/kg, intravenous, for 60 Minutes, every 24 hours

Pharmacy Consult to dose based on renal function

Type of Therapy: New Anti-Infective Order

Reason for Therapy: Bacterial Infection Suspected

Indication: Sepsis

Pharmacy consult to dose tobramycin

STAT, Until discontinued, Starting S

Which aminoglycoside do you need help dosing? tobramycin

Indication: Sepsis - Complicated Skin and Soft Tissue Infection

OR - levofloxacin (LEVAQUIN) IV solution

750 mg, intravenous, every 24 hours

Type of Therapy: New Anti-Infective Order

Reason for Therapy: Bacterial Infection Suspected

Indication: Sepsis

PLUS - vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)

<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication:
<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis - Complicated Skin and Soft Tissue Infection
<input type="checkbox"/> PLUS Select either: clindamycin (CLEOCIN) IV OR metronidazole (FLAGYL) IV (Single Response)	
Select ONE of the following:	
<input type="checkbox"/> clindamycin (CLEOCIN) IV	600 mg, intravenous, for 30 Minutes, every 8 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> metronidazole (FLAGYL)	500 mg, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

#### Antibiotics for Sepsis of Unknown Source or IV Catheter-Related Infection

SELECT ONE of the following:

Cefepime OR piperacillin-tazobactam OR meropenem

PLUS vancomycin

Optional IV Antibiotic ADD - tobramycin

<input type="checkbox"/> SELECT ONE of the following: cefepime (MAXIPIME) IV OR piperacillin-tazobactam (ZOSYN) IV OR meropenem (MERREM) IV (Single Response) (Selection Required)	
Use meropenem (MERREM) if history of infection with ESBL-producing organism or recent prolonged treatment with piperacillin/tazobactam or cefepime	
<input type="checkbox"/> cefepime (MAXIPIME) 1 g IVPB	1 g, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) 4.5 g IV - NOT HMW, HMWB, HMSTJ	
<input type="checkbox"/> 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
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) 4.5 g IV - HMW, HMWB, HMSTJ Only	<b>"Followed by" Linked Panel</b>

<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> meropenem (MERREM) 500 mg IVPB	500 mg, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> PLUS - vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication:
<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 ADD - tobramycin (TOBREX) IV PLUS Pharmacy Consult to Dose	
<input type="checkbox"/> tobramycin (TOBREX) 7 mg/kg IVPB	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> Pharmacy consult to dose tobramycin	STAT, Until discontinued, Starting S Which aminoglycoside do you need help dosing? tobramycin Indication: Sepsis of Unknown Source or IV Catheter-Related Infection

#### Antibiotics for Sepsis of Unknown Source or IV Catheter-Related Infection with SEVERE Penicillin Allergy

For patients with SEVERE Penicillin Allergy (i.e. type I immediate hypersensitivity reaction – anaphylaxis, bronchospasm, angioedema, urticaria)

Select ALL: aztreonam PLUS tobramycin PLUS vancomycin

<input type="checkbox"/> SELECT - aztreonam (AZACTAM) IV	1 g, intravenous, every 8 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> PLUS - tobramycin (TOBREX) IV PLUS Pharmacy Consult to Dose	
<input type="checkbox"/> tobramycin (TOBREX) 7 mg/kg IVPB	7 mg/kg, intravenous, for 60 Minutes, every 24 hours Pharmacy Consult to dose based on renal function Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

<input type="checkbox"/> Pharmacy consult to dose tobramycin	STAT, 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"/> PLUS - vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication:
<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis of Unknown Source or IV Catheter-Related Infection

#### Antibiotics for Intra-Abdominal Infections

Select cefepime PLUS metronidazole OR Select ONE of the following: piperacillin-tazobactam or meropenem  
Use meropenem if history of infection with ESBL-producing organism or recent prolonged treatment with zosyn or cefepime.

<input type="checkbox"/> SELECT - cefepime (MAXIPIME) IV	1 g, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> PLUS - metronidazole (FLAGYL)	500 mg, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> OR - Select ONE of the following: piperacillin-tazobactam (ZOSYN) IV or meropenem (MERREM) IV (Single Response) (Selection Required)	
OR - Select ONE of the following: Use meropenem (MERREM) if history of infection with ESBL-producing organism or recent prolonged treatment with zosyn or cefepime	

<input type="radio"/> piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="radio"/> meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

#### Antibiotics for Intra-Abdominal Infections with SEVERE Penicillin Allergy

For patients with SEVERE Penicillin Allergy (i.e. type I immediate hypersensitivity reaction – anaphylaxis, bronchospasm, angioedema, urticaria)

Select ALL: Aztreonam PLUS metronidazole

Optional ADD: Vancomycin recommended for MRSA-colonized patients, postoperative infection, those with valvular heart disease or prosthetic intravascular materials, or patients with prior significant exposure to cephalosporin therapy.

<input type="checkbox"/> SELECT - aztreonam (AZACTAM) IV	1 g, intravenous, every 8 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> PLUS - metronidazole (FLAGYL)	500 mg, intravenous, every 6 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> OPTIONAL Antimicrobial Addition: vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	

<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication:
<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis - Intra-Abdominal Infection
<b>Antibiotics for Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT</b>	
Select cefTRIAxone PLUS vancomycin and IF Patient AGE is GREATER than 50 Years, ADD ampicillin Dexamethasone is recommended for treatment of proven or suspected pneumococcal meningitis due to <i>S. pneumoniae</i>	
<input type="checkbox"/> SELECT - cefTRIAxone (ROCEPHIN) IV	2 g, intravenous, for 30 Minutes, every 12 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> PLUS - vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication:
<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis - Bacterial Meningitis - Community-Acquired and ImmunoCOMPETENT
<input type="checkbox"/> IF Patient AGE GREATER than 50 Years, ADD - ampicillin IV	2 g, intravenous, for 30 Minutes, every 4 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> OPTIONAL Additional Therapies - dexamethasone (DECADRON) IV	0.15 mg/kg, intravenous, once, For 1 Doses Administer 15-20 minutes before 1st dose of antibiotics.
<input type="checkbox"/> OPTIONAL Additional Therapies - riFAMpin (RIFADIN) capsule	600 mg, oral, daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<b>Antibiotics for Bacterial Meningitis - ImmunoCOMPROMISED, Post-Neurosurgery or Penetrating Head Trauma</b>	
Select cefepime OR meropenem PLUS vancomycin and IF Patient AGE is GREATER than 50 Years or ImmunoSUPPRESSED, ADD ampicillin ImmunoSUPPRESSED: (e.g. lymphoma, cytotoxic chemotherapy, or high-dose glucocorticoids)	
<input type="checkbox"/> SELECT EITHER - cefepime (MAXIPIME) IV or meropenem (MERREM) IV (Single Response) (Selection Required)	
<input type="checkbox"/> ( ) cefepime (MAXIPIME) 1 g IVPB	2 g, intravenous, every 8 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> ( ) meropenem (MERREM) 500 mg IVPB	2 g, intravenous, every 8 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis
<input type="checkbox"/> PLUS - vancomycin (VANCOCIN) IV + Pharmacy Consult to Dose (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, every 12 hours Reason for Therapy: Bacterial Infection Suspected Indication:
<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Sepsis - Bacterial Meningitis - Community-Acquired and ImmunoSUPPRESSED
<input type="checkbox"/> IF Patient AGE GREATER than 50 Years, ADD - ampicillin IV	2 g, intravenous, for 30 Minutes, every 4 hours Type of Therapy: New Anti-Infective Order Reason for Therapy: Bacterial Infection Suspected Indication: Sepsis

## 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 for patients not responding to initial fluid resuscitation with crystalloids. Indication:
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### Vasopressor Therapy (if unresponsive to initial fluid bolus)

\*\* if unresponsive to initial fluid bolus \*\*

<input type="checkbox"/> norEPInephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, titrated Initiate norepinephrine infusion at 4 mcg/min. Titrate to keep MAP between 65 mmHg to 70 mmHg }. Titrate by 2 mcg/minute every 5 minutes. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 30 mcg/min.
<input type="checkbox"/> epINEPhrine (ADRENALIN) in dextrose 5% 250 mL infusion	2-20 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 advanced to 30 mcg/min.

### Inotropic Therapy

<input type="checkbox"/> DOButamine (DOBUTREX) infusion	0.5-20 mcg/kg/min, intravenous, titrated Titrate by 2 mcg/kg/min every 10 minutes for mean arterial pressure 65-70 mmHg. Call MD if mean arterial pressure is LESS than 65 mmHg and rate is 10 mcg/kg/min.
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### 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.
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## Labs

### Laboratory - STAT

<input type="checkbox"/> Arterial blood gas	STAT For 1 Occurrences
<input type="checkbox"/> Venous blood gas	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/> Partial thromboplastin time	STAT For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> CBC with differential	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"/> Lactic acid level	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 For 1 Occurrences
<input type="checkbox"/> Anaerobic culture	Once For 1 Occurrences
<input type="checkbox"/> Respiratory culture, quantitative	Once For 1 Occurrences, Mini bronchial alveolar lavage
<input type="checkbox"/> Respiratory pathogen panel	Once For 1 Occurrences
<input type="checkbox"/> Sputum culture	Once For 1 Occurrences, Sputum
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once For 1 Occurrences Specimen Source: Urine Specimen Site:

## 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

### Antibiotics Pharmacy Consult

<input checked="" type="checkbox"/> 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
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### 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
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