

**Sample: Sutter Health Sepsis Order Set**

<b>OB SEPSIS (11532)</b>		
Sepsis and the systemic inflammatory response syndrome: Definitions, epidemiology, and prognosis		
<b>GENERAL</b>		
<b>Vital Signs</b>		Routine, AS SPECIFIED
		O2Sats and P continuous, BP, T, R Q30 min from time of positive sepsis screen
		Limb(s):
		Special Instructions:
Pulse Oximetry		Routine, CONTINUOUS
		Special Instructions:
		Alarm Setting:
		Low Setting:
<b>Assessments</b>		
Intake and Output		Routine, CONTINUOUS
		Specify: Strict
Cardiac Monitoring:		Routine, CONTINUOUS
		Requires cardiac monitoring when leaving the floor:
		Yes
<b>Notifications</b>		
Notify Provider for Vital Sign Parameters		
		Decrease in SBP greater than 40 mm HG from baseline
		MAP less than or equal to 65 mm HG
		Temperature less than 36 degrees C
		White blood cells greater than 15,000 or less than 4,000 OR > 10% immature neutrophils
		Glucose greater than 180 mg/dl in absence of diabetes
		Patient has altered mental status
		Urine output less than 0.5 ml/kg/hour (for 2 hours)
		Creatinine greater than 1.2 OR doubling of creatinine
		Notify Provider:
		Systolic blood pressure greater than:
		Systolic blood pressure less than: 85
		Diastolic blood pressure greater than:
		Diastolic blood pressure less than:
		Heart rate greater than: 110
		Heart rate less than:
		Respiratory rate greater than: 24
		Respiratory rate less than:
		Temperature greater than: 38 degrees C
		SPO2 less than: 92
		SPO2 less than (specify):
		Urinary output less than:
Notify physician if lactic acid value is greater than 2 or if it is higher than previous measurement		
		Routine, ONE TIME
		Notify Provider:
		Notify physician if lactic acid value is greater than 2 or if it is higher than previous measurement
Call Rapid Response team or designated Sepsis team if SBP is less than 85 mm Hg		
		Routine, CONTINUOUS
		What is the nursing communication order: Call Rapid Response team if SBP is less than 85 mm Hg
Notify physician if conditions outlined in comments occur		
		Routine, ONE TIME
		Notify Provider:
		Notify admitting physician of the following:***

<b>Interventions/Precautions</b>		
Insert Straight Urinary Catheter if unable to void within 30 minutes		Routine, AS SPECIFIED
		Specify Cather: insert straight urinary catheter
		Irrigate with:
		Irrigation frequency:
		Volume:
		PRN Reason: if unable to void within 30 minutes
		Continuous bladder irrigation:
		Other instructions:
		Discontinue: Per algorithm criteria
		Reason for continued Catheter use:
		Irrigate PRN Reason:
		Discontinue:
<b>VASCULAR ACCESS/IV FLUIDS</b>		
<b>Insertion/Management of Line(s)</b>		
Insert and manage peripheral IV: Establish 2 peripheral 18 gauge IV catheters if no central line in place		Routine, PRN
		Establish 2 peripheral 18 gauge IV catheters if no central line in place
		Specify Gauge: 18 G
<b>IV Fluids - Bolus</b>		
NaCl 0.9% (FOR BOLUS ONLY) IV Soln		1,000 mL, intravenous, STAT for 1 doses, for 45 minutes
NaCl 0.9% (FOR BOLUS ONLY) IV Soln		30 mL/kg/dose, intravenous, ONCE PRN for 1 doses, for 60 minutes, other see Administration instructions
		Instructions
		Start bolus if SBP is less than 85 mm Hg or lactic acid is over 3.9. Notify attending physician immediately after starting bolus. 30ml/kg is to include any fluid given in the last 2 hours. Use pressure bag for administration
NaCl 0.9% (FOR BOLUS ONLY) IV Soln		30 mL/kg/dose, intravenous, ONCE PRN for 1 doses, for 180 minutes, other see Administration instructions
		Start if lactic acid is between 2.0-3.9. Notify attending physician immediately after starting infusion. 30ml/kg is to include any fluid given in the last 2 hours.
Lactated ringers (FOR BOLUS ONLY) IV Soln		1,000 mL, intravenous, STAT for 1 doses
Lactated ringers (FOR BOLUS ONLY) IV Soln		30mL/kg/dose, intravenous, ONCE PRN for 1 doses, for 60 minutes, other see Administration instructions
		Start bolus if SBP is less than 90 mm Hg or lactic acid is over 3.9. Notify attending physician immediately after starting bolus. 30mL/kg is to include any fluid given in the last 2 hours. Use pressure bag for administration.
<b>IV Fluids</b>		
NaCl 0.45% IV Soln		at 100 mL/hr, intravenous, CONTINUOUS
NaCl 0.9% IV Soln		at 100 mL/hr, intravenous, CONTINUOUS
Lactated ringers IV Soln		at 100 mL/hr, intravenous, CONTINUOUS

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<b>MEDICATIONS: ANTI- INFECTIVES</b>		
<b>Sepsis</b>		
Severe allergies to beta-lactams are defined as anaphylaxis, angioedema, bronchospasm or hives within 60 minutes of a dose, or penicillin induced Stevens Johnson Syndrome or Toxic epidermal necrolysis. Without one of these complications from a penicillin, the risk of an allergic reaction to a cephalosporin is about 1:1000 i.e. 0.1%.		
Sepsis related to Chorioamnionitis (ampicillin + gentamicin + clindamycin)		
If postpartum, GBS colonized, and patient received prophylactic penicillin, consider		
An alternative to ampicillin/gentamicin is cefoxitin. If patient proceeds to cesarean delivery,		
Vancomycin + Gentamicin are a suitable substitute for Ampicillin for patients with PCN allergy		
Gentamicin may also be dosed at 5mg/kg q24 hours.		
Ampicillin 2,000mg in 0.9% NaCl 100mL IVPB (minibag)		2,000 mg, intravenous, Q6HR, for 20 minutes
		To administer 6 hours after initial dose
		Activate before infusing
Gentamicin custom IVPB		1.5 mg/kg/dose, intravenous, Q8HR, for 30 minutes
		To administer 8 hours after initial dose.
		Refrigerate or store at room temperature
		<b>**BLACK BOX WARNING**</b>
*gentamicin Pharmacy dosing order		Communication
cefoxitin (MEFOXIN) 2000 mg in 0.9% NaCl 100 mL IVPB (minibag)		2,000 mg, intravenous, Q6HR, for 60 minutes
		Not recommended if know to be GBS positive
		To administer 6 hours after initial dose.
		Activate before infusing
Clindamycin (CLEOCIN) 900mg in DSW IVPB (premix)		900 mg, intravenous, Q8HR for 60 minutes
		To administer 8 hours after initial dose
		<b>**BLACK BOX WARNING**</b>
metroNIZADOLE (FLAGYL) 500 mg in 0.79% NaCl 100mL (premix)		500 mg, intravenous, Q8HR, for 60 minutes
		To administer 8 hours after initial dose
		Do NOT refrigerate - avoid alcohol containing products
		<b>**BLACK BOX WARNING**</b>
vancomycin inj		20 mg/kg/dose, intravenous, Q8HR
		Can replace ampicillin if immediate hypersensitivity reaction to PCN
		To administer 8 hours after initial dose
*vancomycin Pharmacy dosing order		Communication
Sepsis related to Chorioamnionitis (clindamycin + cefoxitin)		
If postpartum, GBS colonized, and patient received prophylactic penicillin, consider		
An alternative to ampicillin/gentamicin is cefoxitin. If patient proceeds to cesarean delivery, add clindamycin to regimen.		
Vancomycin + Gentamicin are a suitable substitute for ampicillin for patients with PCN allergy		
Gentamicin may also be dosed at 5mg/kg q24 hours.		
Ampicillin 2,000mg in 0.9% NaCl 100mL IVPB (minibag)		2,000 mg, intravenous, Q6hr, for 20 minutes
		To administer 6 hours after initial dose
		Activate before infusing
gentamicin custom IVPB		1.5 mg/kg/dose, intravenous, Q8hr, for 30 minutes
		To administer 8 hours after initial dose
		Refrigerate or store at room temperature
		<b>**BLACK BOX WARNING**</b>
*gentamicin Pharmacy dosing order		Communication
cefoxitin (MEFOXIN) 2000mg in 0.9% NaCl 100mL IVPB (minibag)		2,000 mg, intravenous, Q6hr, for 60 minutes
		Not recommended if known to be GBS positive
		To administer 6 hours after initial dose
		Activate before infusing

## Appendix M

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clindamycin (CLEOCIN) 900mg in DSW IVPB (premix)	900 mg, intravenous, Q8hr, for 60 minutes To administer 8 hours after initial dose
	<b>**BLACK BOX WARNING**</b>
metroNIDAZOLE (FLAGYL) 500mg 9n 0.79% NaCl 100mL (premix)	500 mg, intravenous, Q8hr, for 60 minutes to administer 8 hours after initial dose Do NOT refrigerate - avoid alcohol containing products
	<b>**BLACK BOX WARNING**</b>
vancomycin inj	20 mg/kg/dose, intravenous, Q8hr Can replace ampicillin if immediate hypersensitivity reaction to PCN To administer 8 hours after initial dose
*vancomycin Pharmacy dosing order	Communication
Sepsis related to postpartum endometritis	
If postpartum, GBS colonized and patient received prophylactic penicillin, consider An alternative to ampicillin/gentamicin is cefoxitin. If patient proceeds to cesarean delivery,	
Vancomycin + gentamicin are a suitable substitute for ampicillin for patients with PCN allergy	
Gentamicin may also be dosed at 5mg/kg q24hours	
Ampicillin, 2000mg in 0.9% NaCl 100mL/ IVPB (minibag)	2,000 mg, intravenous, Q6hr, for 20 minutes To administer 6 hours after initial dose Activate before infusing
gentamicin custom IVPB	1.5 mg/kg/dose, intravenous, Q8hr for 30 minutes To administer 8 hours after initial dose Refrigerate or store at room temperature <b>**BLACK BOX WARNING**</b>
*gentamicin Pharmacy dosing order	Communication
cefoxitin (MEFOXIN) 2000mg in 0.9% naCl 100mL IVPB (minibag)	2,000 mg, intravenous, Q6hr, for 60 minutes Not recommended if known to be GBS positive To administer 6 hours after initial dose Activate before infusing
clindamycin (CLEOCIN) 900mg in DSW IVPB (premix)	900 mg, intravenous, Q8hr, for 60 minutes To administer 8 hours after initial dose <b>**BLACK BOX WARNING**</b>
metroNIDAZOLE (FLAGYL) 500mg n 0.79% naCl 100mL (premix)	500 mg, intravenous, Q8hr, for 60 minutes To administer 8 hours after initial dose Do NOT refrigerate - avoid alcohol containing products <b>**BLACK BOX WARNING**</b>
vancomycin inj	20 mg/kg/dose, intravenous Q8hr Can replace ampicillin if immediate hypersensitivity reaction to PCN To administer 8 hours after initial dose
*vancomycin Pharmacy dosing order	Communication
Sepsis related to pyelonephritis	
cefTRIAxone (ROCEPHIN) 1g in 0.9% naCl 50mL IVPB (minibag)	1,000 mg, intravenous, Q24hr, for 30 minutes For mild to moderate pyelonephritis Activate before infusing - Do NOT infuse in the same IV lumen as calcium-containing solutions
ampicillin 2,000mg in 0.9% naCl 100mL IVPB (minibag)	2,000 mg, intravenous, Q6hr for 60 minutes For mild to moderate pyelonephritis Activate before infusing. Should be ordered with gentamicin.

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		Activate before infusing. Should be ordered with gentamicin.
gentamicin in dextrose 5% 100mL IVPB		1.5 mg/kg/dose, intravenous, Q8hr for 60 minutes
		For mild to moderate pyelonephritis
		Should be ordered with ampicillin. Refrigerate or store at room temperature
		<b>**BLACK BOX WARNING**</b>
*gentamicin Pharmacy dosing order		For mild to moderate pyelonephritis
		Should be ordered with ampicillin. Refrigerate or store at room temperature
		<b>**BLACK BOX WARNING**</b>
		Communication
aztreonam (AZACTAM) 1000 mg in 0.9% NaCl 50mL IVPB (minibag)		1,000 mg, intravenous, Q8hr for 30 minutes
		For mild and moderate disease - only for severe penicillin allergy
		Activate before infusing
piperacillin/tazobactam (ZOSYN) 3.375g in 0.9% NaCl 100mL IVPB (minibag)		3.375 g, intravenous Q6hr, for 30 minutes
		For severe or complicated pyelonephritis.
		Activate before infusing
For PCN allergy, consult to infectious diseases?		Reason for consult:
		Has the consulting physician been contacted?
		STAT
Sepsis related to Community Acquired pneumonia (CAP) WITHOUT Pseudomonas Risk factors		
For patients with CAP admitted to medical ward, recommend ceftriaxone plus azithromycin		
If MSRA suspected, recommend adding vancomycin		
ceftriaXone (ROCEPHIN) 1000 mg in 0.9% NaCl 50mL IVPB (minibag)		1,000 mg, intravenous Q24hr, for 30 minutes
azithromycin (ZITHROMAX) 500mg in 0.9% NaCl 250mL IVPB (VIAL-MATE)		500 mg, intravenous, Q24hr, for 60 minutes
vancomycin inj		1,000 mg, intravenous, Q12hr
vancomycin inj		20 mg/kg/dose, intravenous, Q12hr
vancomycin inj Pharmacy dosing order		intravenous
Sepsis related to Community Acquired pneumonia (CAP) WITH Pseudomonas risk factors		
Patients with CAP and Pseudomonas risk factors should be treated with double anti- <i>ps</i> eydomonal coverage: cefepime or piperacillin/tazobactam ad tobramycin or gentamicin		
High risk for Pseudomonas infection:		
Bronchiectasis; or structural lung disease (chronic bronchitis, COPD, emphysema, interstitial lung disease, pulmonary fibrosis, restrictive lung disease) and repeated antibiotics or chronic systemic steroid use		
If MRSA suspected, recommend adding vancomycin		
piperacillin/tazobactam (ZOSYN) 4.5mg in 0.9% NaCl 100mL IVPB (minibag)		4.5 g, intravenous, Q6hr, for 30 minutes
cefepime (MAXIPIME) inj		2,000 mg, intravenous, Q8hr, for 30 minutes
*tobramycin Pharmacy dosing order		Communication
*gentamicin Pharmacy dosing order		Communication

OB Patients with sepsis with unknown etiology and/or currently on antibiotics		
Severe allergies to beta-lactams are defined as anaphylaxis, angioedema, bronchospasm or hives within 60 minutes of a dose, or penicillin induced Stevens Johnson Syndrome or Toxi Epidermal Necrolysis (TEN). Without one of these complications from a penicillin, the risk of an allergic reaction to a cephalosporins is about 1:1000, i.e. 0.1%		
Add vancomycin if indicated (e.g. known history of MRSA). Provider should discontinue any prior antibiotics.		
cefepime (MAXIPIME) 2000mg in 0.9% NaCl 100mL IVPB (minibag)		2,000 mg, intravenous, Q8hr, for 30 minutes
		For penicillin allergy. Should be ordered with metronidazole
		To be administered 12 hours after initial dose
		Activate before infusing
metronIDAZOLE (FLAGYL) 500mg in 0.79% NaCl 100mL (premix)		500 mg, intravenous, Q8hr for 60 minutes
		For penicillin allergy. Should be ordered with cefepime. Discontinue breastfeeding while receiving metronidazole, resume breastfeeding 24 hrs after the last dose
		To be administered 8 hours after initial dose
		Do NOT refrigerate - avoid alcohol containing products
		**BLACK BOX WARNING**
piperacillin/tazobactam (ZOSYN) 3.375 in 0.9% NaCl 100mL IVPB (minibag)		3.375 g, intravenous, Q6hr, for 30 minutes
		Administer 6 hours after initial dose
		Activate before infusing
vancomycin IVPB		1,000 mg, intravenous, Q8hr
		To administer 8 hours after initial dose
*vancomycin Pharmacy dosing order		Communication
<b>IMAGING AND OTHER DIAGNOSTICS</b>		
<b>Ultrasound</b>		
US OB Detailed Single Fetus		Routine
		Portable?
		Reason for Exam:
		Is the patient pregnant?
		Additional procedure instructions for imaging technologist:
		1 TIME IMAGING for 1
US OB Detailed Additional Fetus		Routine
		Portable?
		Reason for Exam:
		Is the patient pregnant?
		Additional procedure instructions for imaging technologist:
		1 TIME IMAGING for 1
<b>X-Ray</b>		
XR Chest 1 View Portable		Routine
		Portable?
		Reason for Exam:
		Reason for Exam:
		Is the patient pregnant?
		Additional procedure instructions for imaging technologist:
		1 TIME IMAGING for 1

**Sample: Sutter Health Sepsis Order Set**

<b>MEDICATIONS: OTHER</b>		
<b>Antipyretics</b>		
acetaminophen (TYLENOL) Adult Supp		325 mg, Rectal, Q4h PRN, other, temperature greater than 38C (100.4F)
<b>LABS</b>		
<b>Hematology</b>		
CBC with automated differential		STAT, ONCE for 1 occurrences
Prothrombin Time/INR		STAT, ONCE for 1 occurrences
Partial Thromboplastin Time		STAT, ONCE for 1 occurrences
<b>Chemistry</b>		
Blood gas, arterial		STAT, ONCE for 1 occurrences
Comprehensive metabolic panel w/GFR		STAT, ONCE for 1 occurrences
Basic metabolis panel w/GFR		STAT, ONCE for 1 occurrences
Live panel (Hepatic)		STAT, ONCE for 1 occurrences
<b>RAPIDComm Blood Gas</b>		
Use these orders for RAPIDComm project labs if ordering from anywhere with SSR or Eden/Delta/Summit hospitals		
Arterial blood gas		STAT, ONE TIME for 1 occurrences
Venous blood gas		STAT, ONE TIME for 1 occurrences
Capillary blood gas		STAT, ONE TIME for 1 occurrences
		Indication for test: Diagnostic Study
		FiO2 - Liter Flow: Room Air
Umbilical cord blood gas		STAT, ONE TIME for 1 occurrences
		Indication for test: Diagnostic study
		FiO2 - Liter Flow: Room Air
<b>Microbiology</b>		
Culture, blood		STAT, EVERY 1 MIN for 2 occurrences
		2 sets/2 sites. If patient has central line then draw from the line
Culture, placenta		Routine, ONCE
<b>Urine Studies (Single Response)</b>		
Urinalysis, macro with/ micro if indicated		STAT, ONCE for 1 occurrences
Urinalysis & cult if indicated		STAT, ONCE for 1 occurrences
<b>Lactic acid (Single response)</b>		
Lactic acid - plasma		STAT, NOW AND AFTER 3 HOURS for 2 occurrences
		Repeat order to be cancelled if previous lactate result is <2: Yes
		PRN Reason:
		Draw Trough:
Blood Gas venous w/lactate		STAT, NOW AND AFTER 3 HOURS for 2 occurrences
		Repeat order to be cancelled if previous lactate result is <2: Yes
		PRN Reason:
No lactate test ordered at this time		Routine, ONE TIME for 1 occurrences
		What is the nursing communication order: No lactate test ordered at this time
<b>Amniocentesis Specimen</b>		
Gram Stain		STAT, ONCE for 1 occurrences amniotic fluid
Glucose, fluid		STAT, ONCE for 1 occurrences amniotic fluid
LDH, fluid		STAT, ONCE for 1 occurrences
Culture, body fluid, Aer & anaer w/smea - amniotic fluid		Routine, ONCE for 1 occurrences amniotic fluid culture
<b>CONSULTS</b>		
<b>Provider</b>		
Consult to infectious diseases		Reason for consult:
		Has the consulting physician been contacted?
		STAT
Consult to neonatology or pediatrician		Reason for consult: Presence of infection, and treatment
		Has the consulting physician been contacted?
		Routine
Consult to Maternal/Fetal Medicine:		Reason for consult:
		Has the consulting physician been contacted?
		Routine