

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS																																										
SEPSIS																																												
CHECK THE CRITERIA THAT MEETS THE CONDITIONS FOR SEPSIS																																												
SUSPECTED INFECTION SOURCE		Q SOFA (use outside ICU)																																										
<input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis <input type="checkbox"/> Urinary Tract Infection <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Invasive Catheter <input type="checkbox"/> Cellulitis <input type="checkbox"/> Decubitus Ulcer <input type="checkbox"/> Colitis <input type="checkbox"/> Bone/joint infection <input type="checkbox"/> Endocarditis <input type="checkbox"/> Wound infection <input type="checkbox"/> Implantable Device <input type="checkbox"/> Acute abdominal infection <input type="checkbox"/> Skin soft tissue infection <input type="checkbox"/> Other _____	IVF and MEDICATION ORDERS ONLY	<input type="checkbox"/> Altered mental status (Glasgow coma scale <15) <input type="checkbox"/> SBP ≤ 100 mmHG <input type="checkbox"/> RR greater than 22 or PaCO2 less than 32mmHg SCORE of ≥ 2 <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, activate Sepsis Protocol																																										
LABORATORY:		SOFA (use in ICU)																																										
STAT LABS/Diagnostics: <input checked="" type="checkbox"/> Blood Culture x2 before antibiotic Administration <input checked="" type="checkbox"/> UA with Micro <input type="checkbox"/> Electrolytes <input checked="" type="checkbox"/> Urine Culture <input type="checkbox"/> BNP <input checked="" type="checkbox"/> Sputum Culture and Sensitivity <input type="checkbox"/> LFT <input type="checkbox"/> AFB x3 <input checked="" type="checkbox"/> CBC with differential <input type="checkbox"/> PT/PTT/ INR <input type="checkbox"/> Blood Type and Screen <input checked="" type="checkbox"/> Lactic Acid <i>(Repeat Lactic Acid every 4 hours if initial level is >2 mmol/L .Goal: <2mmol/L)</i> <input type="checkbox"/> CK/CKMB <input type="checkbox"/> Troponin <input checked="" type="checkbox"/> Arterial Blood Gas <input type="checkbox"/> Portable Chest X-Ray <input type="checkbox"/> TTE	IVF and MEDICATION ORDERS ONLY	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Organ System</th> <th>0</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> </thead> <tbody> <tr> <td>Respiratory PO₂/FiO₂ (mmHg)</td> <td>>300</td> <td>226-300</td> <td>151-225</td> <td>76-150</td> <td>≤ 75</td> </tr> <tr> <td>Renal serum creatinine (μmol/liter)</td> <td>≤ 100</td> <td>101-200</td> <td>201-350</td> <td>351-500</td> <td>>500</td> </tr> <tr> <td>Hepatic serum bilirubin (μmol/l)</td> <td>≤ 20</td> <td>21-60</td> <td>61-120</td> <td>121-240</td> <td>>240</td> </tr> <tr> <td>Cardiovascular PAR^U</td> <td>≤ 10,0</td> <td>10,1-15,0</td> <td>15,1-20,0</td> <td>20,1-30,0</td> <td>>30,0</td> </tr> <tr> <td>Hematologic platelets/nl</td> <td>>120</td> <td>81-120</td> <td>51-80</td> <td>21-50</td> <td>≤ 20</td> </tr> <tr> <td>Neurologic Glasgow Coma Score</td> <td>15</td> <td>13-14</td> <td>10-12</td> <td>7-9</td> <td>≤ 6</td> </tr> </tbody> </table> <p><small>Source: Patents publication No.: WO2003070274 A1</small></p> SCORE of ≥ 2 <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, activate Sepsis Protocol	Organ System	0	1	2	3	4	Respiratory PO ₂ /FiO ₂ (mmHg)	>300	226-300	151-225	76-150	≤ 75	Renal serum creatinine (μmol/liter)	≤ 100	101-200	201-350	351-500	>500	Hepatic serum bilirubin (μmol/l)	≤ 20	21-60	61-120	121-240	>240	Cardiovascular PAR ^U	≤ 10,0	10,1-15,0	15,1-20,0	20,1-30,0	>30,0	Hematologic platelets/nl	>120	81-120	51-80	21-50	≤ 20	Neurologic Glasgow Coma Score	15	13-14	10-12	7-9	≤ 6
Organ System	0	1	2	3	4																																							
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Neurologic Glasgow Coma Score	15	13-14	10-12	7-9	≤ 6																																							
TO BE COMPLETED WITHIN ONE HOUR																																												
<input type="checkbox"/> Administer broad spectrum antibiotics: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____																																												
*See Antibiotic Reference Guide in Page 3																																												
<input checked="" type="checkbox"/> Summary/blanket orders are unacceptable <input checked="" type="checkbox"/> Medications orders must be complete <input checked="" type="checkbox"/> PRN medication orders must include an indication <input checked="" type="checkbox"/> Write legibly <input checked="" type="checkbox"/> Rewrite orders upon transfer and/or postoperatively <input checked="" type="checkbox"/> Date, time and sign verbal & telephone orders within 48 hours	DO NOT USE: U MS IU MSO ₄ Q.D. MgSO ₄ Q.O.D. Trailing Zero Lack of Leading Zero	Physician's Initial																																										

SEPSIS/SHOCK ORDER SET

PATIENT ID LABEL

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MEC:6/28/2017, HMC:8/23/17 GMHA Form #: 990596

X	IVF and MEDICATION ORDERS ONLY	TO BE COMPLETED WITHIN 3 HOURS	
	IVF and MEDICATION ORDERS ONLY	Patient's Weight = _____ Kg If SBP is less than 90 mmHg and/or MAP is less than 65 mmHg, IMMEDIATELY initiate rapid fluid at 30ml/kg. <input type="checkbox"/> Normal Saline <input type="checkbox"/> Lactated Ringers * Central Line Placement: Obtain consent for central line placement by designated physician OR Interventional Radiologist.	
	IVF and MEDICATION ORDERS ONLY	TO BE COMPLETED WITHIN 6 HOURS	
	IVF and MEDICATION ORDERS ONLY	<input type="checkbox"/> Vasopressor: For hypotension that does not respond to initial fluid resuscitation, to maintain a MAP \geq 65 mmHg. <input type="checkbox"/> Levophed (Norepinephrine) : <ul style="list-style-type: none"> • Initial Rate of Infusion (unless otherwise specified by MD) is 1mcg/min • Titration rate is 0.5 – 1 mcg/min every 15 min.(increase or decrease) • Maximum dose for specified time:30 mcg/min <input type="checkbox"/> Reassess volume status and tissue perfusion (in the event of persistent hypotension after initial fluid administration, MAP < 65 mm Hg, or initial Lactate was \geq 4 mmol/L. Document reassessment if volume status and tissue perfusion with: EITHER: <ul style="list-style-type: none"> • Repeat focused exam (after initial fluid administration) including vital signs, cardiopulmonary, capillary refill, pulse and skin findings. OR TWO OF THE FOLLOWING: <ul style="list-style-type: none"> • Measure CVP • Measure ScvO2 • Perform bedside cardiovascular ultrasound • Perform dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge 	
<ul style="list-style-type: none"> ✓ Summary/blanket orders are unacceptable ✓ Medications orders must be complete ✓ PRN medication orders must include an indication ✓ Write legibly ✓ Rewrite orders upon transfer and/or postoperatively ✓ Date, time and sign verbal & telephone orders within 48 hours 		DO NOT USE: U MS IU MSO ₄ Q.D. MgSO ₄ Q.O.D. Trailing zero Lack of Leading Zero	Physician's Initial

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ANTIBIOTIC REFERENCE GUIDE:

A. COMMUNITY ACQUIRED PNEUMONIA

<p>1. Usual Regimen:</p> <ul style="list-style-type: none"> ● Ceftriaxone 1 gm IV every 24 hour WITH <ul style="list-style-type: none"> <input type="checkbox"/> Azithromycin 500 mg IV every 24 hours OR <input type="checkbox"/> Levofloxacin 750 mg IV every 24 hours If pseudomonas risk: ● Ciprofloxacin 400 mg IV every 8 hours WITH <ul style="list-style-type: none"> <input type="checkbox"/> Meropenem 500 mg IV every 6 hours OR <input type="checkbox"/> Piperacillin / Tazobactam 4.5gm IV every 6 hours ● Pharmacy to dose 	<p>2. B lactam Allergy Regimens:</p> <ul style="list-style-type: none"> ● Levofloxacin 750 mg IV every 24 hours WITH Aztreonam 1 gm IV every 8 hours If pseudomonas risk: ● Aztreonam 2 gm IV every 8 hours WITH <ul style="list-style-type: none"> <input type="checkbox"/> Ciprofloxacin 400 mg IV every 8 hours ● Pharmacy to dose
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B. HEALTHCARE ASSOCIATED PNEUMONIA

<p>1. Usual Regimen:</p> <ul style="list-style-type: none"> ● Ciprofloxacin 400 mg IV every 8 hours WITH <ul style="list-style-type: none"> <input type="checkbox"/> Ceftazidime 2 gm IV every 8 hours OR <input type="checkbox"/> Piperacillin /Tazobactam 4.5 gm IV every 6 hours If MRSA risk factors present ● Add Vancomycin 15 mg/kg/dose IV every 12 hours. Target trough 15-20 mg/dL ● Pharmacy to dose 	<p>2. B lactam Allergy Regimens:</p> <ul style="list-style-type: none"> ● Meropenem 500 mg IV every 6 hours WITH <ul style="list-style-type: none"> <input type="checkbox"/> Ciprofloxacin 400 mg IV every 8 hours If MRSA risk factors present ● Add Vancomycin 15 mg/kg/dose IV every 12 hours. Target trough 15-20 mg/dL ● Pharmacy to dose.
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C. ASPIRATION PNEUMONIA

<p>1. Usual Regimen:</p> <p style="text-align: center;">Community Setting</p> <ul style="list-style-type: none"> ● Unasyn 3 gm IV every 6 hours OR ● Ceftriaxone 1 gm IV every 24 hours <p style="text-align: center;">Health Care Setting</p> <ul style="list-style-type: none"> ● Piperacillin / Tazobactam 4.5 gm IV every 6 hours ● Pharmacy to dose 	<p>2. B lactam Allergy Regimens:</p> <p style="text-align: center;">Community Setting</p> <ul style="list-style-type: none"> ● Levofloxacin 750 mg IV every 24 hours WITH <ul style="list-style-type: none"> <input type="checkbox"/> Clindamycin 600 mg IV every 8 hours <p style="text-align: center;">Health Care Setting</p> <ul style="list-style-type: none"> ● Aztreonam 2 gm IV every 8 hours WITH Ciprofloxacin 400 mg IV every 8 hours ● Pharmacy to dose
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D. INTRA-ABDOMINAL

<p>1. Usual Regimen:</p> <ul style="list-style-type: none"> ● Meropenem 500 mg IV every 6 hours OR ● Piperacillin / Tazobactam 30375 gm IV every 6 hours ● Pharmacy to dose 	<p>2. B lactam Allergy Regimens:</p> <ul style="list-style-type: none"> ● Ciprofloxacin 400 mg every 12 hours WITH <ul style="list-style-type: none"> <input type="checkbox"/> Metronidazole 500 mg every 8 hours ● Pharmacy to dose
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E. URINARY TRACT

<p>1. Usual Regimen:</p> <ul style="list-style-type: none"> ● Ceftriaxone 1 gm IV every 24 hours OR ● Ceftazidime 2gm IV every 8 hours ● Pharmacy to dose 	<p>2. B lactam Allergy Regimens:</p> <ul style="list-style-type: none"> ● Aztreonam 1 gm IV every 8 hours ● Pharmacy to dose
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F. CNS less than 50 y/o

<p>1. Usual Regimen:</p> <ul style="list-style-type: none"> ● Ceftriaxone 2gm IV every 12 hours WITH <ul style="list-style-type: none"> <input type="checkbox"/> Vancomycin 15 mg/kg/dose IV every 12 hours ● Pharmacy to dose 	<p>TO BE DETERMINED ON AN INDIVIDUAL BASIS</p>
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G. CNS over 50 y/o or with immune compromise (HIV/AIDS, diabetes, alcoholic, chronically ill, transplant, ESRD, chemotherapy or cancer)

<p>1. Usual Regimen:</p> <ul style="list-style-type: none"> ● Ceftriaxone 2gm IV every 12 hours WITH <ul style="list-style-type: none"> <input type="checkbox"/> Vancomycin 15 mg/kg/dose IV every 12 hours and ADD <input type="checkbox"/> Ampicillin 2 gm IV every 4 hours ● Pharmacy to dose. 	<p>TO BE DETERMINED ON AN INDIVIDUAL BASIS</p>
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H. OTHERS or Unidentified

<p>1. Usual Regimen:</p> <ul style="list-style-type: none"> ● Ciprofloxacin 400 mg IV every 8 hours PLUS <ul style="list-style-type: none"> <input type="checkbox"/> Meropenem 500 mg IV every 6 hours PLUS <input type="checkbox"/> Vancomycin 15 mg/kg/dose IV every 12 hours ● Ciprofloxacin 400 mg IV every 8 hours PLUS <ul style="list-style-type: none"> <input type="checkbox"/> Piperacillin / Tazobactam 4.5 gm IV every 6 hours PLUS <input type="checkbox"/> Vancomycin 15 mg/kg/dose IV every 12 hours ● Pharmacy to dose 	<p>2. B lactam Allergy Regimens:</p> <ul style="list-style-type: none"> ● Aztreonam 2 gm IV every 8 hours WITH <ul style="list-style-type: none"> <input type="checkbox"/> Ciprofloxacin 400 mg IV every 8 hours PLUS <input type="checkbox"/> Vancomycin 15 mg/kg/dose IV every 12 hours ● Pharmacy to dose
<p style="font-size: 2em; opacity: 0.5;">X</p>	<p style="font-size: 2em; opacity: 0.5;">X</p>
	<p>Physician's Signature: _____</p> <p>Date: _____ Time: _____</p>

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