



ASP THERAPY FOR UNKNOWN SEPSIS SOURCE

PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	Step 3: If duplicate Pseudomonal coverage is needed, add order for either gentamicin OR tobramycin <b>gentamicin</b> <input type="checkbox"/> 7 mg/kg, IVPB, ivpb, q24h, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor
	<b>tobramycin</b> <input type="checkbox"/> 7 mg/kg, IVPB, ivpb, q24h, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor
	Step 4: If an identifiable fungal risk is present, add order for either micafungin (for non-albicans) or fluconazole (for Candida albicans) <b>micafungin</b> <input type="checkbox"/> 100 mg, IVPB, ivpb, q24h, Infuse over 60 min
	<b>fluconazole</b> <input type="checkbox"/> 400 mg, IVPB, ivpb, q24h, Infuse over 120 min
<b>Laboratory</b>	
	Serial Procalcitonin levels are more valuable than single levels. <b>zProcalcitonin Now</b>
	<b>zProcalcitonin at 24 hours</b>
	Empty space for additional orders

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

