

<b>UMC Health System</b>  <b>SEPSIS PLAN</b> - Phase: Sepsis General Orders	<b>Patient Label Here</b>
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**PHYSICIAN ORDERS**

**Diagnosis** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Allergies** \_\_\_\_\_

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**

**Patient Care**

**Vital Signs**  
 Per Unit Standards

**Patient Activity**  
 Bedrest  Bedrest | Bathroom Privileges  
 Bedrest | Up to Bedside Commode Only  Up Ad Lib/Activity as Tolerated | Assist as Needed

**ICU Progressive Mobility Guidelines**  
 See Reference Text

**Set Up for Central Line Placement**

**Obtain Consent**  
 Consent for: Central Line Insertion

**Set Up for Arterial Line Placement**

**Obtain Consent**  
 Consent for: Arterial Line Insertion

**Insert Urinary Catheter**  
 Foley, To: Dependent Drainage Bag

**Urinary Catheter Care**

**Perform Bladder Scan**  
 If urine output is less than 0.5 mL/kg averaged over 4 hours, bladder scan patient and notify provider.

**Central Venous Pressure Monitoring (CVP Monitoring)**  
 Per Unit Standards  Per Unit Standards with ScvO2

**Apply Minimally Invasive Hemodynamic Mon (Apply Minimally Invasive Hemodynamic Monitoring Device)**

**Strict Intake and Output**

**Continuous Telemetry (Intermediate Care)**

**Intermittent Telemetry**

**Communication**

**Notify Provider/Primary Team of Pt Admit**  
 Upon Arrival to Floor/Unit  In AM  
 Now

**Notify Provider of VS Parameters**  
 Temp Greater Than 100.9 degrees Fahrenheit, Temp Less Than 96.8, RR Greater Than 20, SBP Less Than 90, MAP Less Than 65, ScvO2 less than 70%

**Notify Provider (Misc) (Notify Provider of Results)**  
 Reason: WBC greater than 12,000 K/uL or less than 4,000 K/uL or bands greater than 10%.

**Notify Provider (Misc) (Notify Provider of Results)**  
 Reason: PaCO2 less than 32 mmhg

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<b>UMC Health System</b>  <b>SEPSIS PLAN</b> - Phase: Sepsis General Orders	<b>Patient Label Here</b>
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**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
	<b>Notify Provider (Misc)</b> <input type="checkbox"/> Reason: Urine Output less than 0.5 mL/kg/hr for 2 consecutive hours.
	<b>Notify Provider (Misc)</b> <input type="checkbox"/> T;N, Reason: If 2 consecutive blood sugar checks are above 160 mg/dL or one blood sugar check above 180 mg/dL

**Dietary**

	<b>NPO Diet</b> <input type="checkbox"/> NPO <span style="float: right;"><input type="checkbox"/> NPO, Except Meds</span> <input type="checkbox"/> NPO, Except Ice Chips
	<b>Oral Diet</b> <input type="checkbox"/> Regular Diet <span style="float: right;"><input type="checkbox"/> Full Liquid Diet</span> <input type="checkbox"/> Clear Liquid Diet <span style="float: right;"><input type="checkbox"/> Soft and Bite Size Diet</span> <input type="checkbox"/> Renal (Dialysis) Diet <span style="float: right;"><input type="checkbox"/> Renal (Non-Dialysis) Diet</span> <input type="checkbox"/> Heart Healthy Diet <input type="checkbox"/> Heart Healthy Diet, Advance as tolerated to Carbohydrate Controlled (1600 calories) <input type="checkbox"/> Heart Healthy Diet, Advance as tolerated to Carbohydrate Controlled (2000 calories) <input type="checkbox"/> Carbohydrate Controlled (1600 calories) Diet <span style="float: right;"><input type="checkbox"/> Carbohydrate Controlled (2000 calories) Diet</span>

**IV Solutions**

	<b>NS (NS bolus)</b> <input type="checkbox"/> 30 mL/kg, IVPB, iv soln, ONE TIME
	<b>NS</b> <input type="checkbox"/> IV, 75 mL/hr <span style="float: right;"><input type="checkbox"/> IV, 130 mL/hr</span> <input type="checkbox"/> IV, 150 mL/hr <span style="float: right;"><input type="checkbox"/> IV, 200 mL/hr</span>

**Medications**

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

**Blood Pressure Management**

	<b>norepinephrine 4 mg/250 mL NS - Titratap (norepinephrine 4 mg/250 mL NS - Titratable)</b> <input type="checkbox"/> IV, Max dose: 60 mcg/min Final concentration = 0.016 mg/mL (16 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/min
	<b>vasopressin 20 units/50 mL NS - Titratap (vasopressin 20 units/50 mL NS - Titratable)</b> <input type="checkbox"/> IV, Max dose: 0.04 units/min <span style="float: right;"><input type="checkbox"/> Start at rate: _____ units/min</span>

**Antimicrobials**

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**Laboratory**

	<b>CBC with Differential</b>
	<b>Prothrombin Time with INR</b>
	<b>PTT</b>
	<b>Comprehensive Metabolic Panel</b>

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SEPSIS PLAN  
- Phase: Sepsis General Orders

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	If lactate is greater than 2, repeat value within 4 hours. Consider drawing ABG to confirm. <b>Lactic Acid Level</b>
	<b>Magnesium Level</b>
	<b>Phosphorus Level</b>
	<b>CK</b>
	<b>Troponin T High Sensitivity</b>
	<b>Cortisol Random</b>
	<b>D Dimer HS 500</b>
	<b>BB Blood Type (ABO/Rh)</b>
	<b>BB Antibody Screen</b>
	Serial Procalcitonin levels are more valuable than single levels. <b>zProcalcitonin Now</b>
	<b>zProcalcitonin at 24 hours</b>
<b>Microbiology/Virology</b>	
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Obtain all cultures prior to starting antibiotics.
	<b>Culture Blood</b>
	<b>Lactic Acid Level</b>
	<b>Culture Blood</b>
	<b>Lactic Acid Level</b>
	<b>Culture Respiratory with Gram Stain</b>
	<b>Culture Urine</b>
	<b>Culture Wound with Gram Stain Swab</b>
<b>Diagnostic Tests</b>	
	<b>DX Chest Portable</b>
	<b>EKG-12 Lead</b>
<b>Respiratory</b>	
	<b>Respiratory Care Plan Guidelines</b>
	<b>Arterial Blood Gas</b> <input type="checkbox"/> Additional Tests: Lactate
<b>Physical Medicine and Rehab</b>	
	<b>Consult Occ Therapy for Eval &amp; Treat</b>
	<b>Consult PT Mobility for Eval &amp; Treat</b>
<b>...Additional Orders</b>	

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Patient Label Here

SEPSIS PLAN  
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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

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<b>UMC Health System</b>  <b>SEPSIS PLAN</b> <b>- Phase: DISCOMFORT MED PLAN</b>	<b>Patient Label Here</b>
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**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
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**Patient Care**

	<b>Perform Bladder Scan</b> <input type="checkbox"/> Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.
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**Medications**

**Medication sentences are per dose. You will need to calculate a total daily dose if needed.**

	<b>menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)</b> <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
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	<b>dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)</b> <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
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	<b>dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew)</b> <input type="checkbox"/> 15 mL, swish & spit, liq, q2h, PRN mucositis While awake
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**Anti-pyretics**

Select only ONE of the following for fever

	<b>acetaminophen</b> <input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.
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	<b>ibuprofen</b> <input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food. <input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.
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**Analgesics for Mild Pain**

Select only ONE of the following for mild pain

	<b>acetaminophen</b> <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. Continued on next page....
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SEPSIS PLAN  
- Phase: DISCOMFORT MED PLAN

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
	<input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.
	<b>ibuprofen</b> <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Give with food.
<b>Analgesics for Moderate Pain</b>	
	Select only ONE of the following for moderate pain <b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</b> <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use ____ if ordered.
	<b>acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)</b> <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use ____ if ordered.
	<b>traMADol</b> <input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use ____ if ordered.
	<b>ketorolac</b> <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ineffective, use ____ if ordered.
<b>Analgesics for Severe Pain</b>	
	Select only ONE of the following for severe pain <b>morphine</b> <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. <input type="checkbox"/> 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered.

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SEPSIS PLAN  
- Phase: DISCOMFORT MED PLAN

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
	<p><b>HYDRomorphone</b>  <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)      <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)  <input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)</p>
<b>Antiemetics</b>	
	<p>Select only ONE of the following for nausea</p> <p><b>promethazine</b>  <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea</p>
	<p><b>ondansetron</b>  <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea                      If ondansetron contraindicated or ineffective, use promethazine if ordered.  <input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea                      If ondansetron contraindicated or ineffective, use promethazine if ordered.</p>
<b>Gastrointestinal Agents</b>	
	<p>Select only ONE of the following for constipation</p> <p><b>docusate</b>  <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation                      If docusate contraindicated or ineffective, use bisacodyl if ordered.  <input type="checkbox"/> 100 mg, PO, cap, Daily                      Do not crush or chew.</p>
	<p><b>bisacodyl</b>  <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation</p>
<b>Antacids</b>	
	<p><b>Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension)</b>  <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion                      Administer 1 hour before meals and nightly.</p>
	<p><b>simethicone</b>  <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas      <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas</p>
<b>Anxiety</b>	
	<p>Select only ONE of the following for anxiety</p> <p><b>ALPRAZolam</b>  <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety</p>
	<p><b>LORazepam</b>  <input type="checkbox"/> 0.5 mg, IVPush, inj, q6h, PRN anxiety      <input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety</p>
<b>Insomnia</b>	
	<p>Select only ONE of the following for insomnia</p> <p><b>ALPRAZolam</b>  <input type="checkbox"/> 0.25 mg, PO, tab, Nightly, PRN insomnia</p>
	<p><b>LORazepam</b>  <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia</p>

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SEPSIS PLAN  
- Phase: DISCOMFORT MED PLAN

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
	<p><b>zolpidem</b>  <input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia                      may repeat x1 in one hour if ineffective</p>
<b>Antihistamines</b>	
	<p><b>diphenhydrAMINE</b>  <input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching                      <input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching</p>
<b>Anorectal Preparations</b>	
	<p>Select only ONE of the following for hemorrhoid care  <b>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</b>  <input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care                      Wipe affected area</p>
	<p><b>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</b>  <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care                      Apply to affected area</p>

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SEPSIS PLAN  
- Phase: GERIATRIC DISCOMFORT MED PLAN

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
<b>Patient Care</b>	
	<b>Perform Bladder Scan</b> <input type="checkbox"/> Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.
<b>Medications</b>	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	<b>menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)</b> <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	<b>dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)</b> <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	<b>melatonin</b> <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia
<b>Analgesics for Mild Pain</b>	
	Select only ONE of the following for Mild Pain  <b>acetaminophen</b> <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	<b>ibuprofen</b> <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.
<b>Analgesics for Moderate Pain</b>	
	Select only ONE of the following for Moderate Pain  <b>HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)</b> <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****
	<b>acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)</b> <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***** Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*****
<b>Analgesics for Severe Pain</b>	
	Select only ONE of the following for Severe Pain  <b>morphine</b> <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
	<b>HYDROmorphone</b> <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
<b>Antiemetics</b>	

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<b>UMC Health System</b>  <b>SEPSIS PLAN</b> - Phase: INSULIN DRIP PLAN NON DKA	<b>Patient Label Here</b>
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**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
<b>Patient Care</b>	
	<b>Insulin Drip Protocol</b> <input type="checkbox"/> ***See Reference Text*** <span style="float: right;"><input type="checkbox"/> T;N, Routine, See link for reference</span>
	<b>LOW Target Blood Glucose</b> <input type="checkbox"/> 120 mg/dL <input type="checkbox"/> 140 mg/dL <span style="float: right;"><input type="checkbox"/> T;N, Routine, See link for reference.</span>
	<b>HIGH Target Blood Glucose</b> <input type="checkbox"/> 140 mg/dL <input type="checkbox"/> 180 mg/dL <span style="float: right;"><input type="checkbox"/> 160 mg/dL</span>
	<b>POC Blood Sugar Check</b> <input type="checkbox"/> q1h, by fingerstick, CVL, or arterial line. DO NOT alternate sites without Physician approval.
<b>Communication</b>	
	<b>Notify Provider (Misc) (Notify Provider of Results)</b> <input type="checkbox"/> Reason: Blood Glucose less than 60 mg/dL or greater than 200 mg/dL, also notify if two consecutive BG's less than 70 mg/dL.
	<b>Notify Provider (Misc)</b> <input type="checkbox"/> Reason: If other physicians order insulin subQ, IV, or in TPN, feedings are started, stopped, or changed, or if other physicians turn off drip for any reason.
	<b>Notify Provider (Misc)</b> <input type="checkbox"/> T;N, Reason: If multiplier remains stable for 8 consecutive hours, consider transition to long acting insulin
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Obtain Serum Blood Glucose if Accucheck is less than 40 mg/dL or greater than 450 mg/dL. However, do not wait for lab results to treat glucose level according to the orders for hypoglycemia

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SEPSIS PLAN  
 - Phase: ASP THERAPY FOR CELLULITIS WOUND  
 INFECTION AS 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
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<p>Step 1: Choose piperacillin-tazobactam <span style="float: right;">IV</span>  <input type="checkbox"/> Start at rate: _____ units/hr</p> <p>If ordering piperacillin-tazobactam, place order for BOTH items <input type="checkbox"/> 25 g, IVPush, syringe, as needed, PRN low blood sugar</p> <p>To determine the insulin glargine (Lantus) dose, average the last 8 hours of the insulin drip to units per hour.                  Multiply this times 20. <input type="checkbox"/> 4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min</p> <p>***If insulin glargine (Lantus) dose is greater than 60 units, the dose should be split in half and given BID.                  One injection should not be more than 60 units.***  <input type="checkbox"/> 4.5 g, IVPB, ivpb, q8h, Infuse over 4 hr, 4 hour extended infusion, Skin/skin structure infection</p> <p>Alternatively, if patient has an allergy to or has received piperacillin-tazobactam in the previous 90 days, choose                  ciprofloxacin <span style="float: right;">units, subcut, inj, Daily</span>  <input type="checkbox"/> units, subcut, inj, BID <input type="checkbox"/></p> <p>Administer the initial dose of Lantus 2 hours PRIOR to discontinuing the insulin drip. Dose to be reassessed by physician every 24 hours.</p> <p><b>ciprofloxacin</b>  <input type="checkbox"/> 400 mg, IVPB, ivpb, q8h, Infuse over 60 min</p>
	<p>Step 2: If MRSA coverage is needed, add order for vancomycin loading dose (if not already done) and add a second order for vancomycin maintenance dose</p> <p><b>vancomycin</b>  <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose]</p>
	<p><b>vancomycin</b>  <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor</p>

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SEPSIS PLAN  
- Phase: ASP THERAPY FOR CLOSTRIDIOIDES  
DIFFICILE INFECTION (CDI)

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
<b>Patient Care</b>	
	<b>Systemic Antibigram</b> <input type="checkbox"/> T;N, Routine, See link for reference text.
	<b>Antibiogram Education</b> <input type="checkbox"/> T;N, Routine, See link for reference text.
	<b>Isolation</b> <input type="checkbox"/> Type of Isolation: Contact
	<p>Based on a combination of SHEA/IDSA and ACG treatment guidelines for Clostridoides difficile infection (CDI) in adults</p> <p>If results from C. diff test results as PCR positive and EIA toxin negative, consider alternative cause for diarrhea and/or consult Infectious Disease for further investigation and recommendations.</p> <p>Based on a combination of SHEA/IDSA and ACG treatment guidelines for Clostridoides difficile infection (CDI) in adults</p>

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SEPSIS PLAN  
 - Phase: PAIN MANAGEMENT - ALTERNATING  
 SCHEDULED MEDS

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
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<p>The following scheduled orders will alternate every 3 hours. Start date T;N</p> <p>Discontinue any order for loperamide, diphenoxylate/atropine, or other anti-diarrheal agents, q6h, x 3 days <input type="checkbox"/></p> <p>Discontinue any order for colestipol, cholestyramine or other bile acid sequestrants, PO, tab, q6h, x 3 days <input type="checkbox"/></p> <p>For renally impaired patients: The following scheduled orders will alternate every 3 hours. <input type="checkbox"/></p> <p>Consider discontinuing any order for PPI (pantoprazole, omeprazole, etc) or H2 Antagonists (famotidine, ranitidine, etc) 50 mg, PO, tab, q6h, x 3 days <input type="checkbox"/></p> <p>Consider discontinuing antibiotics. Broad spectrum antibiotics, especially fluoroquinolones, clindamycin, and 3rd generation cephalosporins contribute to CDI. 500 mg, PO, tab, q6h, x 3 days <input type="checkbox"/></p> <p>Consider discontinuing opiates due to potential for toxic megacolon. <input type="checkbox"/></p> <p>Fidaxomicin (Dificid) is restricted to Infectious Disease use only.</p> <p>Select only ONE treatment regimen below</p> <p>.</p> <p>Treatment regimen for INITIAL episode</p> <p>Leukocytosis WBC less than 15,000 K/uL                      AND                      SCr less than 1.5 mg/dL.</p> <p>Clinical Status: Initial episode, non-severe</p> <p><b>vancomycin (vancomycin oral)</b>  <input type="checkbox"/> 125 mg, NGT/PO, liq, QID, x 10 days, Colitis</p>
	<p>.</p> <p>Treatment regimen for INITIAL episode, or FIRST RECURRENCE of CDI:</p> <p>Leukocytosis WBC greater than or equal to 15,000 K/uL</p> <p>OR</p> <p>SCr greater than or equal to 1.5 mg/dL.</p> <p>Clinical Status: Severe</p> <p><b>vancomycin (vancomycin oral)</b>  <input type="checkbox"/> 125 mg, NGT/PO, liq, QID, x 10 days, Colitis</p>
	<p>Fidaxomicin can be considered, but requires ID consult and approval</p> <p>Bezlotoxumab outpatient therapy may be considered if recurrent episode within last 6 months, but requires ID consult and approval</p> <p>.</p> <p>Treatment regimen for INITIAL FULMINANT episode defined as C. difficile colitis with hypotension or shock, ileus or megacolon</p>

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SEPSIS PLAN  
 - Phase: PAIN MANAGEMENT - ALTERNATING  
 SCHEDULED MEDS

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
	Select both metronidazole and vancomycin below <b>metronIDAZOLE</b> <input type="checkbox"/> 500 mg, IVPB, ivpb, q8h, Colitis Do NOT switch to oral regimen. Do not refrigerate. Do not give with drugs containing alcohol.
	<b>vancomycin (vancomycin oral)</b> <input type="checkbox"/> 500 mg, NGT/PO, liq, QID, x 10 days, Colitis
	If complete ileus consider adding rectal instillation of vancomycin. <b>vancomycin ENEMA 500 mg/100 mL NS</b> <input type="checkbox"/> 500 mg, rectally, QID <input type="checkbox"/> 100 mL, Every Bag
	<b>Consult MD</b> <input type="checkbox"/> Service: Infectious Disease
	If toxic megacolon suspected, consult surgery <b>Consult MD</b> <input type="checkbox"/> Service: Surgery General
	. Treatment regimen for second or subsequent recurrence. Select ALL FOUR orders for vancomycin to initiate tapered/pulse regimen. If vancomycin has been previously used, fidaxomicin can be considered, but requires ID consult and approval. <b>vancomycin (vancomycin oral)</b> <input type="checkbox"/> 125 mg, NGT/PO, liq, QID, x 10 days, Colitis
	<b>vancomycin (vancomycin oral)</b> <input type="checkbox"/> 125 mg, NGT/PO, liq, BID, x 7 days, Colitis
	<b>vancomycin (vancomycin oral)</b> <input type="checkbox"/> 125 mg, NGT/PO, liq, Daily, x 7 days, Colitis
	<b>vancomycin (vancomycin oral)</b> <input type="checkbox"/> 125 mg, NGT/PO, liq, Every other day, x 42 days, Colitis
	For treatment of any subsequent recurrence beyond the second, consider Fecal Microbiota Transplant. <b>Consult MD</b> <input type="checkbox"/> Service: Infectious Disease

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SEPSIS PLAN  
- Phase: ASP THERAPY FOR CLOSTRIDIOIDES  
DIFFICILE INFECTION (CDI)

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
<b>Laboratory</b>	
	<b>CBC</b> <input type="checkbox"/> Routine, T;N, Every AM for 3 days <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T;N, Every AM for 1 days
	<b>Comprehensive Metabolic Panel</b> <input type="checkbox"/> Routine, T;N, Every AM for 3 days <input type="checkbox"/> Routine, T;N <input type="checkbox"/> Routine, T;N, Every AM for 1 days
	<b>Stool C. difficile by PCR</b> <input type="checkbox"/> Specimen Type: C diff Stool, Routine, T;N
	<b>Albumin Level</b> <input type="checkbox"/> Routine, T;N

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SEPSIS PLAN  
 - Phase: ASP THERAPY FOR COMMUNITY ACQUIRED  
 PNEUMONIA PLAN

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
<b>Patient Care</b>	
<b>Systemic Antibigram</b>	
<input type="checkbox"/> T;N, Routine, See link for reference text. <input type="checkbox"/> AC & HS <input type="checkbox"/> TID <input type="checkbox"/> q12h <input type="checkbox"/> q6h 24 hr	<input type="checkbox"/> Per Sliding Scale Insulin Frequency <input type="checkbox"/> AC & HS 3 days <input type="checkbox"/> BID <input type="checkbox"/> q6h <input type="checkbox"/> q4h
<b>Antibiogram Education</b>	
<input type="checkbox"/> T;N, Routine, See link for reference text.	<input type="checkbox"/> Follow SSI Regular Reference Text
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
<p>Step 1: Select Primary Therapy</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parameters                      Low Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 1 units subcut                      201-250 mg/dL - 2 units subcut                      251-300 mg/dL - 3 units subcut                      301-350 mg/dL - 4 units subcut                      351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, BID, PRN glucose levels - see parameters                      Low Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 1 units subcut                      201-250 mg/dL - 2 units subcut                      251-300 mg/dL - 3 units subcut                      301-350 mg/dL - 4 units subcut                      351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale.</p> <p>Continued on next page....</p>	

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**SEPSIS PLAN**  
 - Phase: ASP THERAPY FOR COMMUNITY ACQUIRED  
 PNEUMONIA PLAN

**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
	<p><input type="checkbox"/> 0-10 units, subcut, inj, TID, PRN glucose levels - see parameters                      Low Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 1 units subcut                      201-250 mg/dL - 2 units subcut                      251-300 mg/dL - 3 units subcut                      301-350 mg/dL - 4 units subcut                      351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q6h, PRN glucose levels - see parameters                      Low Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 1 units subcut                      201-250 mg/dL - 2 units subcut                      251-300 mg/dL - 3 units subcut                      301-350 mg/dL - 4 units subcut                      351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale.</p> <p><input type="checkbox"/> 0-10 units, subcut, inj, q4h, PRN glucose levels - see parameters                      Low Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 1 units subcut                      201-250 mg/dL - 2 units subcut                      251-300 mg/dL - 3 units subcut                      301-350 mg/dL - 4 units subcut                      351-400 mg/dL - 6 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 10 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once the blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insutlin regular sliding scale.</p> <p>Continued on next page....</p>

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SEPSIS PLAN  
 - Phase: ASP THERAPY FOR COMMUNITY ACQUIRED  
 PNEUMONIA PLAN

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
	<p>For Nonsevere CAP withOUT risk factors for MRSA or Pseudomonas:</p> <p>Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parameters                      Moderate Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 2 units subcut                      201-250 mg/dL - 3 units subcut                      251-300 mg/dL - 5 units subcut                      301-350 mg/dL - 7 units subcut                      351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, BID, PRN glucose levels - see parameters                      Moderate Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 2 units subcut                      201-250 mg/dL - 3 units subcut                      251-300 mg/dL - 5 units subcut                      301-350 mg/dL - 7 units subcut                      351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, TID, PRN glucose levels - see parameters                      Moderate Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 2 units subcut                      201-250 mg/dL - 3 units subcut                      251-300 mg/dL - 5 units subcut                      301-350 mg/dL - 7 units subcut                      351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p>

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SEPSIS PLAN  
 - Phase: ASP THERAPY FOR COMMUNITY ACQUIRED  
 PNEUMONIA PLAN

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
	<p><input type="checkbox"/> 0-12 units, subcut, inj, q6h, PRN glucose levels - see parameters                      Moderate Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 2 units subcut                      201-250 mg/dL - 3 units subcut                      251-300 mg/dL - 5 units subcut                      301-350 mg/dL - 7 units subcut                      351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p><input type="checkbox"/> 0-12 units, subcut, inj, q4h, PRN glucose levels - see parameters                      Moderate Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 2 units subcut                      201-250 mg/dL - 3 units subcut                      251-300 mg/dL - 5 units subcut                      301-350 mg/dL - 7 units subcut                      351-400 mg/dL - 10 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 12 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dl, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar checks and insutlin regular scale.</p> <p>Choose cefTRIAxone AND azithromycin</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, AC &amp; nightly, PRN glucose levels - see parameters                      High Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 3 units subcut                      200-250 mg/dL - 5 units subcut                      251-300 mg/dL - 7 units subcut                      301-350 mg/dL - 10 units subcut                      351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

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SEPSIS PLAN  
- Phase: ASP THERAPY FOR COMMUNITY ACQUIRED  
PNEUMONIA PLAN

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
	<p><input type="checkbox"/> 0-14 units, subcut, inj, BID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, TID, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><input type="checkbox"/> 0-14 units, subcut, inj, q6h, PRN glucose levels - see parameters High Dose Insulin Regular Sliding Scale If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units 151-200 mg/dL - 3 units subcut 200-250 mg/dL - 5 units subcut 251-300 mg/dL - 7 units subcut 301-350 mg/dL - 10 units subcut 351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p>Continued on next page....</p>

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**SEPSIS PLAN**  
 - Phase: ASP THERAPY FOR COMMUNITY ACQUIRED  
 PNEUMONIA PLAN

**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
	<p><input type="checkbox"/> 0-14 units, subcut, inj, q4h, PRN glucose levels - see parameters                      High Dose Insulin Regular Sliding Scale                      If blood glucose is less than 70 mg/dL and patient is symptomatic, initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - 0 units                      151-200 mg/dL - 3 units subcut                      200-250 mg/dL - 5 units subcut                      251-300 mg/dL - 7 units subcut                      301-350 mg/dL - 10 units subcut                      351-400 mg/dL - 12 units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer 14 units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat 10 units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p> <p><b>cefTRIAxone</b></p> <p><input type="checkbox"/> 2 g, IVPush, inj, q24h, Pulmonary - CAP                      Reconstitute with 20 mL of Sterile Water or NS                      Administer IV Push over 3 minutes</p> <p><input type="checkbox"/> See Comments, subcut, inj, PRN glucose levels - see parameters                      If blood glucose is less than ___mg/dL , initiate hypoglycemia guidelines and notify provider.</p> <p>70-150 mg/dL - ___ units                      151-200 mg/dL - ___ units subcut                      201-250 mg/dL - ___ units subcut                      251-300 mg/dL - ___ units subcut                      301-350 mg/dL - ___ units subcut                      351-400 mg/dL - ___ units subcut</p> <p>If blood glucose is greater than 400 mg/dL, administer ___ units subcut, notify provider, and repeat POC blood sugar check in 2 hours. Continue to repeat ___ units subcut and POC blood sugar checks every 2 hours until blood glucose is less than 300 mg/dL. Once blood sugar is less than 300 mg/dL, repeat POC blood sugar in 4 hours and then resume normal POC blood sugar check and insulin regular sliding scale.</p>
	<p><b>azithromycin</b></p> <p><input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP</p> <p><input type="checkbox"/> ***See Reference Text***</p> <p><input type="checkbox"/> 500 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Pulmonary - CAP</p>
	<p>Alternatively, if patient is allergic to or has received cefTRIAxone/azithromycin in the previous 90 days, choose levoFLOxacIn as single agent.</p> <p><input type="checkbox"/> 15 g, PO, gel, as needed, PRN glucose levels - see parameters                      If 6 ounces of juice is not an option, may use glucose gel if blood glucose is less than 70 mg/dL and patient is symptomatic and able to swallow. See hypoglycemia Guidelines.</p> <p>Continued on next page....</p>

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SEPSIS PLAN  
 - Phase: ASP THERAPY FOR COMMUNITY ACQUIRED  
 PNEUMONIA PLAN

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
	<p><b>levofLOXacin</b></p> <p><input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p> <p><input type="checkbox"/> 25 g, IVPush, syringe, as needed, PRN glucose levels - see parameters                      Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has IV access. See hypoglycemia guidelines.</p> <p><input type="checkbox"/> 750 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Pulmonary - CAP</p>
	<p>For Severe CAP withOUT risk factors for MRSA or Pseudomonas:</p> <p>Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days</p> <p><input type="checkbox"/> 1 mg, IM, inj, as needed, PRN glucose levels - see parameters                      Use if blood glucose is less than 70 mg/dL and patient is symptomatic and cannot swallow OR if patient has altered mental status AND has NO IV access. See hypoglycemia guidelines.</p> <p>Choose cefTRIAxone. Then choose either azithromycin OR levofLOXacin.</p> <p><b>cefTRIAxone</b></p> <p><input type="checkbox"/> 2 g, IVPush, inj, q24h, Pulmonary - CAP                      Reconstitute with 20 mL of Sterile Water or NS                      Administer IV Push over 3 minutes</p>
	<p>And ADD EITHER azithromycin OR levofLOXacin</p> <p><b>azithromycin</b></p> <p><input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP</p>
	<p><b>levofLOXacin</b></p> <p><input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p>
	<p>Alternatively, if patient is allergic to cefTRIAxone/azithromycin, choose levofLOXacin AND aztreonam.</p> <p><b>levofLOXacin</b></p> <p><input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p>
	<p><b>aztreonam</b></p> <p><input type="checkbox"/> 2 g, IVPush, inj, q8h, Pulmonary - CAP                      Reconstitute with 10 mL of Sterile Water or NS                      Administer IV Push over 3-5 minutes</p>
	<p>Non-Severe/Severe CAP WITH risk factors for Pseudomonas:</p> <p>Risk factors include: prior isolation of Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days</p> <p>Choose levofLOXacin and cefepime</p> <p><b>levofLOXacin</b></p> <p><input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p>
	<p><b>cefepime</b></p> <p><input type="checkbox"/> 2 g, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - CAP</p>

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SEPSIS PLAN  
 - Phase: ASP THERAPY FOR COMMUNITY ACQUIRED  
 PNEUMONIA PLAN

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
	Alternatively, if patient is allergic to cefepime, choose levoFLOxacIn AND aztreonam <b>levoFLOxacIn</b> <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP
	<b>aztreonam</b> <input type="checkbox"/> 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes
	Step 2: If MRSA coverage is needed:  Risk factors include: prior isolation of MRSA or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days  Choose both vancomycin loading dose (if not already done) and add a second order for vancomycin maintenance dose  <b>vancomycin</b> <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose], Pulmonary - CAP
	<b>vancomycin</b> <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - CAP
	Alternatively, if patient is allergic to vancomycin, choose linezolid (If patient takes SSRI/SNRI per home medication list or there is currently an active order AVOID linezolid due to increased risk of serotonin syndrome)  <b>linezolid</b> <input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, Infuse over 1 hr
<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)

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**SEPSIS PLAN**  
 - Phase: ASP THERAPY FOR INTRA-ABDOMINAL  
 INFECTION AS 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
<b>Patient Care</b>	
<p><b>Systemic Antibiogram</b>  <input type="checkbox"/> T;N, Routine, See link for reference text. <input type="checkbox"/> See Reference Text for Guidelines</p>	
<p>***If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated***                  T;N, Routine, See link for reference text.</p> <p><b>Contraindications VTE</b></p> <p><input type="checkbox"/> Active/high risk for bleeding <input type="checkbox"/> Treatment not indicated  <input type="checkbox"/> Patient or caregiver refused <input type="checkbox"/> Other anticoagulant ordered  <input type="checkbox"/> Anticipated procedure within 24 hours <input type="checkbox"/> Intolerance to all VTE chemoprophylaxis</p>	
<p><b>Apply Elastic Stockings</b></p> <p><input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Knee High <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Knee High  <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Knee High <input type="checkbox"/> Apply to: Bilateral Lower Extremities, Length: Thigh High  <input type="checkbox"/> Apply to: Left Lower Extremity (LLE), Length: Thigh High <input type="checkbox"/> Apply to: Right Lower Extremity (RLE), Length: Thigh High</p>	
<p><b>Apply Sequential Compression Device</b></p> <p><input type="checkbox"/> Apply to Bilateral Lower Extremities <input type="checkbox"/> Apply to Left Lower Extremity (LLE)  <input type="checkbox"/> Apply to Right Lower Extremity (RLE)</p>	
<b>Medications</b>	
<p><b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b></p>	
<p>Step 1: Choose either piperacillin-tazobactam OR ceftriaxone/metronidazole OR meropenem (agents in order of ASP preference)</p> <p>If ordering piperacillin-tazobactam, place order for BOTH items  <input type="checkbox"/> 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Trauma Dosing, Pharmacy to Adjust Dose per Renal Function                  Pharmacy to use adjusted body weight if actual weight is greater than 20% of Ideal Body Weight</p> <p><b>piperacillin-tazobactam</b></p> <p><input type="checkbox"/> 4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Intra-abdominal infection                  Pharmacy - Ensure maintenance Extended Infusion dose is also ordered  <input type="checkbox"/> 5,000 units, subcut, inj, q12h <input type="checkbox"/> 5,000 units, subcut, inj, q8h</p>	
<p>VTE Prophylaxis: Non-Trauma Dosing  <input type="checkbox"/> 4.5 g, IVPB, ivpb, q8h, Infuse over 4 hr, 4 hour extended infusion, Intra-abdominal infection</p> <p>OR select both cefTRIAxone AND metroNIDAZOLE</p> <p><input type="checkbox"/> 40 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function  <input type="checkbox"/> 30 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function  <input type="checkbox"/> 30 mg, subcut, syringe, q24h, Prophylaxis - Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function  <input type="checkbox"/> 40 mg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing, for BMI Greater than or Equal to 40 kg/m2, Pharmacy to Adjust Dose per Renal Function</p> <p><b>cefTRIAxone</b>  <input type="checkbox"/> 1 g, IVPush, inj, q24h, Intra-abdominal infection                  Reconstitute with 10 mL of Sterile Water or NS                  Administer IV Push over 3 minutes                  Continued on next page....</p>	

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SEPSIS PLAN  
 - Phase: ASP THERAPY FOR INTRA-ABDOMINAL  
 INFECTION AS 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
	<input type="checkbox"/> 10 mg, PO, tab, In PM
	<b>metroNIDAZOLE</b> <input type="checkbox"/> 500 mg, IVPB, ivpb, q8h, Infuse over 60 min, Intra-abdominal infection <input type="checkbox"/> 5 mg, PO, tab, In PM
	If ordering meropenem, place order for BOTH items <span style="float: right;">81 mg, PO, tab chew, Daily</span> <input type="checkbox"/> 325 mg, PO, tab, Daily Fondaparinux may only be used in adults 50 kg or GREATER. <input type="checkbox"/> Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min <input type="checkbox"/> 1 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Intra-abdominal infection Pharmacy - Ensure maintenance Extended Infusion dose is also ordered <b>meropenem</b> <input type="checkbox"/> 1 g, IVPB, ivpb, q8h, Infuse over 3 hr, Intra-abdominal infection <input type="checkbox"/> 2.5 mg, subcut, syringe, q24h Prophylactic use is contraindicated in patients LESS than 50 kg or CrCl LESS than 30 mL/min
	Alternatively, if patient has an allergy to or has received these in the previous 90 days, choose both aztreonam AND metroNIDAZOLE <b>aztreonam</b> <input type="checkbox"/> 1 g, IVPush, inj, q8h, Intra-abdominal infection Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes
	<b>metroNIDAZOLE</b> <input type="checkbox"/> 500 mg, IVPB, ivpb, q8h, Infuse over 60 min, Intra-abdominal infection
	Step 2: Add order for vancomycin loading dose (if not already done) and add a second order for vancomycin maintenance dose <b>vancomycin</b> <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose], Intra-abdominal infection
	<b>vancomycin</b> <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Intra-abdominal infection
	Step 3: 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, Intra-abdominal infection
	<b>fluconazole</b> <input type="checkbox"/> 400 mg, IVPB, ivpb, q24h, Infuse over 120 min, Intra-abdominal infection

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SEPSIS PLAN  
 - Phase: ASP THERAPY FOR NOSOCOMIAL  
 PNEUMONIA PLAN

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
<b>Patient Care</b>	
	<b>Systemic Antibigram</b> <input type="checkbox"/> T;N, Routine, See link for reference text.
	<b>Antibiogram Education</b> <input type="checkbox"/> T;N, Routine, See link for reference text.
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	Step 1: Choose either piperacillin-tazobactam OR cefepime If ordering piperacillin-tazobactam, place order for BOTH items  <b>piperacillin-tazobactam</b> <input type="checkbox"/> 4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pulmonary - HAP/VAP Pharmacy - Ensure maintenance Extended Infusion dose is also ordered
	<b>piperacillin-tazobactam</b> <input type="checkbox"/> 4.5 g, IVPB, ivpb, q8h, Infuse over 4 hr, Pulmonary - HAP/VAP
	<b>cefepime</b> <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, Infuse over 3 hr, Pulmonary - HAP/VAP
	Alternatively, if patient has an allergy to or has received any of these in the previous 90 days, choose aztreonam  <b>aztreonam</b> <input type="checkbox"/> 1 g, IVPush, inj, q8h Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes
	Step 2: Add either an antipseudomonal fluoroquinolone (levoFLOxacIn) OR an antipseudomonal aminoglycoside (gentamicin OR tobramycin)  <b>levoFLOxacIn</b> <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - HAP/VAP
	<b>gentamicin</b> <input type="checkbox"/> 7 mg/kg, IVPB, ivpb, q24h, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP
	<b>tobramycin</b> <input type="checkbox"/> 7 mg/kg, IVPB, ivpb, q24h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP
	Step 3: If coverage is needed for atypical pathogen(s), add azithromycin  <b>azithromycin</b> <input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - HAP/VAP
	Step 4: If MRSA coverage is needed, choose either vancomycin OR linezolid Add order for vancomycin loading dose (if not already done) AND add a second order for vancomycin maintenance dose  <b>vancomycin</b> <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose]

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SEPSIS PLAN  
 - Phase: ASP THERAPY FOR NOSOCOMIAL  
 PNEUMONIA PLAN

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
	<p><b>vancomycin</b>  <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP</p>
	<p><b>linezolid</b>  <input type="checkbox"/> 600 mg, PO, tab, BID, Pulmonary - HAP/VAP  <input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, Infuse over 120 min, Pulmonary - HAP/VAP</p>
	<p>Step 5: If anaerobic coverage is needed, and patient is not already on piperacillin-tazobactam, order clindamycin  <b>clindamycin</b>  <input type="checkbox"/> 900 mg, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - HAP/VAP</p>
<b>Laboratory</b>	
	<p>Serial Procalcitonin levels are more valuable than single levels.  <b>zProcalcitonin Now</b></p>
	<p><b>zProcalcitonin at 24 hours</b></p>

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SEPSIS PLAN  
- Phase: 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
<b>Patient Care</b>	
	<b>Systemic Antibigram</b> <input type="checkbox"/> T;N, Routine, See link for reference text.
	<b>Antibiogram Education</b> <input type="checkbox"/> T;N, Routine, See link for reference text.
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	Step 1: Choose either piperacillin-tazobactam OR meropenem If ordering piperacillin-tazobactam, place order for BOTH items <b>piperacillin-tazobactam</b> <input type="checkbox"/> 4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min Pharmacy - Ensure maintenance Extended Infusion dose is also ordered
	<b>piperacillin-tazobactam</b> <input type="checkbox"/> 4.5 g, IVPB, ivpb, q8h, Infuse over 4 hr, 4 hour extended infusion, Sepsis - empiric therapy
	If ordering meropenem, place order for BOTH items <b>meropenem</b> <input type="checkbox"/> 1 g, IVPB, ivpb, ONE TIME, Infuse over 30 min Pharmacy - Ensure maintenance Extended Infusion dose is also ordered
	<b>meropenem</b> <input type="checkbox"/> 1 g, IVPB, ivpb, q8h, Infuse over 3 hr
	Alternatively, if patient has received either of these in the previous 90 days or has an allergy to both, choose either aztreonam OR levoFLOxacin <b>aztreonam</b> <input type="checkbox"/> 2 g, IVPush, inj, q8h Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes
	<b>levoFLOxacin</b> <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min
	Step 2: If MRSA coverage is needed, add order for vancomycin loading dose (if not already done) and add a second order for vancomycin maintenance dose <b>vancomycin</b> <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose] Maximum dose is 2500 mg
	<b>vancomycin</b> <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor
	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

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SEPSIS PLAN  
- Phase: 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
	<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>

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SEPSIS PLAN  
 - Phase: ASP THERAPY FOR URINARY TRACT  
 INFECTION AS 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
<b>Patient Care</b>	
	<b>Urine Antibiogram</b>
	<b>Antibiogram Education</b> <input type="checkbox"/> T;N, Routine, See link for reference text.
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	Choose ONE of the following antibiotics If ordering piperacillin-tazobactam, place order for BOTH items
	<b>piperacillin-tazobactam</b> <input type="checkbox"/> 3.375 g, IVPB, ivpb, ONE TIME, Infuse over 30 min
	<b>piperacillin-tazobactam</b> <input type="checkbox"/> 3.375 g, IVPB, ivpb, q8h, Infuse over 4 hr, 4 hour extended infusion, Genitourinary infection
	<b>cefepime</b> <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, Infuse over 3 hr, Genitourinary infection Reconstitute with 10-20 mL of Sterile Water or NS Administer IV Push over 3 minutes
	<b>cefTRIAxone</b> <input type="checkbox"/> 1 g, IVPush, inj, q12h Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes

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