

## For Back Up Use

This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

## For daily use, please access the version on EntryPoint

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for "EntryPoint Launch" and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.

Print Time Mail Select(25) Allergi∈	Sign In
*NEW* Recent Clinical Results *NEW* Recent Abnorмal Results St. Catharines Historical Clinical Connect	NHS.ep-connect.com Type your user name and password. User name: Example: Domain\username Password:
EntryPoint Launch CCI Indicators	Sign In



	Adult Emergency Department (ED) Sepsis Order Set	м	к	c
Orders Processed	MRP Dr Code Status:			
Date (dd/mm/yyyy				
)				
	Intensivist – Reason:     Other:			
Time (hhmm)	Vitals/Monitoring			
	⊠ Height and Weight on admission (document in Meditech)			
	Continuous cardiorespiratory monitoring (CRM) including continuous SpO <sub>2</sub> monitoring			
Ву	$oxedsymbol{\boxtimes}$ Document Temp, HR, RR, BP, SpO $_2$ q15 minutes x 2 hours then q1h and PRN			
	Notify physician of new adventitious breath sounds			
	⊠ Intake and Output q1h during resuscitation. If urine output is less than 0.5 mL/kg/h, notify physician			
Status	Neurovitals			
	⊠ If deterioration in mental status from baseline, notify physician			
Dragonaing	Lines/Tubes	1	1	1
Processing Reviewed by				
	Arterial line insertion by RRT			
	NasoGastric (NG) Tube			
Status	NG tube to low intermittent suction			
	Urinary Catheter Insert Foley catheter to urometer Reason: Critically III			
	Reassess need for catheter within 24 hours of insertion			
Faxed by	Lab Investigations			
	Lab Investigations (if not done as Directive)			
	🛛 CBC 🛛 INR 🛛 Creatinine 🖾 Urea 🖂 Troponin			
	Na, K, Cl, TCO <sub>2</sub> (LTYA) Random Glucose VBG (draw from central line distal port if present)			
	<ul> <li>☑ Calcium ☑ Magnesium □ ALT, ALP, Bilirubin □ Albumin □ Lipase □ GGT</li> <li>☑ Phosphorus ☑ Lactate ☑ Repeat Lactate in 2 hours post bolus</li> </ul>			
	⊠ Blood Culture Set			
	🛛 Urinalysis – Routine 🛛 Urine Culture 🗌 Indwelling Line Culture 🔲 Wound Cultures			
	AST ABG			
	Additional Labs:			
Telephone				
	Ordering Practitioner, Designation Signature Date/Time (dd/mm/yy			-
If Telephone (		Rea	d Ba	ck
	Ordering Physician Date (dd/mm/yyyy) Time (hhmm)		4	of 5

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	Adult I			Departme	ent (E	D) Seps	is Order	Set	м	к	c
			J			2) 00p0					
Orders Processed Date (dd/mm/yyyy )	🗆 СТ	ible OR						(Fax requisiti	on)		
	Cardiology ⊠ ECG										
Time (hhmm)											
	Respirato Oxygen The	-							1	1	1
Ву			oO₂ grea	iter than 92% a	ind less	than 96%					
	IV Fluids									1	<u> </u>
Status	(Recomme	ended: 30	mL/kg s	mL odium chloride an 8 mmHg (C	0.9% ur	ntil MAP grea	iter than 65 m	mHg, SBP greater t	han		
Processing Reviewed by	THEN					at	ml	_/h			
	Blood Pre	essure	Manag	gement							-
Status	<ul> <li>☑ Central line</li> <li>large vein</li> <li>□ norepinepi</li> </ul>	e administ (central lir nrine (32 r	ration is le must l nicrogra	preferred due be inserted by ms/mL) IV infus	physicia sion (Ad	n) d 8 mg (8 mL		bossible, infuse into to 250 mL	а		
Faxed by	Greate	r than 65 r : 5 microgr	nmHg ams/mir	ate rate to mair nute and titrate I dose (for pres	0 – 20 r	nicrograms/m		steroids)			
☐ Telephone	Order									1	L
f Telephone (	Orderir	ng Practitio	oner, De	signation		Signature		Date/Time (dd/mm	n/yyyy h □ Rea		
	Ordoria	ng Physicia			d/mm/yy		Time (hhm	·····			

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PATIENT INFORMATION

Page 3 of 5

Height	cm Weight	kg					
Allergies							
	Adult Emergency	Department	(ED) Sepsi	s Order Set	м	к	0
Orders							<u> </u>
Processed Date	Antibiotic Therapy				1 1		1
(dd/mm/yyyy				nin 1 hour of diagnosis***			
)	If no further antibiotic order	s 6 hours from st	at dosing, conta	ct MRP			
	Meningitis						
	dexamethasone 10 mg IV	• • •	rt prior to initiation	n of antibiotics)			
Time (hhmm)	cef <b>TRIAX</b> one 2 g IV STAT						
	AND vancomycin						
	OR if SEVERE Penicillin aller	-		erapy, add ampicillin 2 g IV STAT			
By	moxifloxacin 400 mg IV ST		igioedenia, biolic				
5	AND vancomycin		maximum 3 g per	dose)* IV STAT			
			• •	antibiotic suggestions***			
Status							
010100	Community Acquired Pneur cefTRIAXone 1 g IV STAT						
	AND azithromycin 500						
Processing	OR if SEVERE Penicillin aller	-	ngioedema, bronc	hospasm)			
Reviewed by	🗌 moxifloxacin 400 mg IV ST	•••••	<b>0</b>	. ,			
	Intra-Abdominal Sepsis						
	piperacillin/tazobactam 4.5	g IV STAT					
Status	OR if SEVERE Penicillin aller	gy (anaphylaxis, ar	ngioedema, bronc	hospasm)			
				h gentamicin at the same dose i			
	the event of a tobramycin I	backorder)					
Faxed by	AND 🗌 metroNIDAZOLE	500 mg IV STAT					
T area by	OR if SEVERE Penicillin aller	av AND Serum Cre	eatinine is greater	than 130 mmol/L			
	☐ ciprofloxacin 400 mg IV ST		U				
	AND I metroNIDAZOLE	500 mg IV STAT					
	Diabetic Foot Infection						
	🗌 piperacillin/tazobactam 4.5	g IV STAT					
	If MRSA risk add vancomy	rcin (2	0 mg/kg; maximu	m 3 g per dose)* IV STAT			
	<b>OR</b> if SEVERE Penicillin aller	ov (anaphylaxis) ar	ngioedema bronc	hospasm)			
	☐ ciprofloxacin 400 mg IV ST		.g.ccccc, 2.cc				
	AND 🗌 vancomycin	(20 mg/kg; r	naximum 3 g per	dose)* IV STAT			
	AND I metroNIDAZOLE	500 mg IV STAT					
□ Telephone							
	Ordering Practitioner, Des	ignation	Signature	Date/Time (dd/mm/yy	'yy hh	mm)	)
If Telephone C					Read	d Ba	ck
	Ordering Physician	Date (dd/mm	/уууу)	Time (hhmm)			

Chart Copy – Do Not Destroy

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Processed         Antibiotic Therapy Continued           Jale         dd/mm/yyyy         Febrile Neutropenia         []           Petrile Neutropenia         []         piperacilin/tazobactam 4.5 g IV STAT         []           Image:	Allergies					<u> </u>		Γ
Processing         Antibiotic Therapy Continued           Jale		Adult Emergency	Departme	nt (ED) Sepsis	s Order Set	м	к	C
dd/mm/yyy       Febrie reduit/nazobactam 4.5 g IV STAT         g piperacilin/nazobactam 4.5 g IV STAT         G ff SEVERE Penicilin allergy (anaphylaxis, angioedema, bronchospasm)         tobramycin(2 mg/kg)* IV STAT (may substitute with gentamicin at the same dose in theevent of a tobramycin(2 mg/kg); maximum 3 g per dose)* IV STAT         avacomycin(2 mg/kg)* IV STAT (may substitute with gentamicin at the same dose in theevent of a tobramycin backorder)         AND       vancomycin(2 mg/kg); maximum 3 g per dose)* IV STAT         ***Consult ID/Antimicrobial Stewardship for additional antibiotic suggestions***         OR if SEVERE Penicillin allergy AND serum Creatinine is greater than 130 mmol/L         ciprofloxacin 400 mg IV STAT         AND       vancomycin(20 mg/kg; maximum 3 g per dose)* IV STAT         ***Consult ID/Antimicrobial Stewardship for additional antibiotic suggestions***         Urosepsis       certRIAXone 1 g IV STAT         Processing       certRIAXone 1 g IV STAT         OR if SEVERE Penicillin allergy (anaphylaxis/angioedema, bronchospasm)       ciprofloxacin 400 mg IV STAT         OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)       ciprofloxacin 400 mg IV STAT         OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm) OR risk of MRSA       vancomycin(20 mg/kg; maximum 3 g per dose)* IV STAT         status       orefezion 1 g IV STAT       Ordering Practitioner, Designa	Orders Processed	Antibiotic Therapy Cor	ntinued			1		1
Image: Product	Date	Febrile Neutropenia						
maximum 3 g per dose)* IV STAT         OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)         tobramycin      (2 mg/kg)* IV STAT (may substitute with gentamicin at the same dose in theevent of a tobramycin backorder)         AND      vancomycin      (2 mg/kg)* IV STAT (may substitute with gentamicin at the same dose in theevent of a tobramycin backorder)         AND      vancomycin      (2 mg/kg)* IV STAT (may substitute with gentamicin at the same dose in theevent of a tobramycin backorder)         AND      vancomycin      (2 mg/kg)* IV STAT (may substitute with gentamicin at the same dose in theevent of a tobramycin backorder)         AND      vancomycin      (2 mg/kg)* IV STAT         By       OR if SEVERE Penicillin allergy (AND serum Creatinine is greater than 130 mmol/L      iprofloxacin 400 mg IV STAT         AND       _vancomycin      (2 0 mg/kg; maximum 3 g per dose)* IV STAT      iff SEVERE Penicillin allergy (anaphylaxis/angioedema, bronchospasm)         recessing      certRIAXone 1 g IV STAT       OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm) OR risk of MRSA         status      certRIAXone 1 g IV STAT       OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm) OR risk of MRSA         status      certRIAXone 1 g IV STAT      certRIAXone 1 g IV STAT         ordering Practitioner, Designation      signature      det/Time (dd/mm/yyyy hmmm) <td>(dd/mm/yyyy )</td> <td>🗌 piperacillin/tazobactam 4.3</td> <td>5 g IV STAT</td> <td></td> <td></td> <td></td> <td></td> <td></td>	(dd/mm/yyyy )	🗌 piperacillin/tazobactam 4.3	5 g IV STAT					
Ime (hhmm)       OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)         Ime (hhmm)       OR if SEVERE Penicillin allergy (20 mg/kg; maximum 3 g per dose)* IV STAT         ay       AND		If MRSA risk or indwelling	central venous	catheter add vancom	nycin (20 mg/kg;			
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ANDvancomycin(20 mg/kg; maximum 3 g per dose)* IV STAT         ay       OR if SEVERE Penicillin allergy (anaphylaxis/angioedema, bronchospasm)         ciprofloxacin 400 mg IV STAT         ANDvancomycin(20 mg/kg; maximum 3 g per dose)* IV STAT         ***Consult ID/Antimicrobial Stewardship for additional antibiotic suggestions***         OR if SEVERE Penicillin allergy (anaphylaxis/angioedema, bronchospasm)         ciprofloxacin 400 mg IV STAT         OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)         ciprofloxacin 400 mg IV STAT         OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)         ciprofloxacin 400 mg IV STAT         OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)         ciprofloxacin 400 mg IV STAT         OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm) OR risk of MRSA         vancomycin(20 mg/kg; maximum 3 g per dose)* IV STAT         status       ceFAZolin 1 g IV STAT         OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm) OR risk of MRSA         axed by       cordering Practitioner, Designation(20 mg/kg; maximum 3 g per dose)* IV STAT         ciprofloxacin 400 mg IV STAT       cordering Practitioner, Designation	lime (hhmm)		0 0/	T (may substitute wit	h gentamicin at the same dose in			
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AND		OR if SEVERE Penicillin aller	rgy AND serum	Creatinine is greater	than 130 mmol/L			
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Reviewed by       OR if SEVERE Penicillin allergy (anaphylaxis/angioedema, bronchospasm)         I ciprofloxacin 400 mg IV STAT         Cellulitis         I ceFAZolin 1 g IV STAT         OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm) OR risk of MRSA         I vancomycin       (20 mg/kg; maximum 3 g per dose)* IV STAT         Faxed by       I Telephone Order         Ordering Practitioner, Designation       Signature         Date (dd/mm/yyyy)       Time (hhmm)	Drococina	☐ cef <b>TRIAX</b> one 1 g IV STA	Г					
Image: Comproduct of the composition of		OR if SEVERE Penicillin aller	rgy (anaphylaxis	/angioedema, bronch	hospasm)			
Status       CeFAZolin 1 g IV STAT         OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm) OR risk of MRSA         vancomycin (20 mg/kg; maximum 3 g per dose)* IV STAT         Faxed by         Image: Telephone Order         Ordering Practitioner, Designation         Signature         Ordering Practitioner, Designation         Signature         Ordering Physician         Date (dd/mm/yyyy)         Time (hhmm)	tenewed by							
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axed by       Image: Constraint of the second				-				
1 Telephone Order		<u> </u>						
Ordering Practitioner, Designation     Signature     Date/Time (dd/mm/yyyy hhmm)       Telephone Order	axed by							
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Height	cm Weight	kg				
Allergies						
	Adult Emergency Dep	partment (ED) Seps	sis Order Set	М	к	ο
Orders Processed	Antibiotic Therapy Continu	ued		1 1		
Date	epsis, Unknown Source					
(dd/mm/yyyy	□ piperacillin/tazobactam 4.5 g IV	/ STAT				
,	If MRSA risk add vancomycin _	(20 mg/kg; maxir	num 3 g per dose)* IV STAT			
	OR if SEVERE Penicillin allergy (a	anaphylaxis, angioedema, bro	nchospasm)			
Time of the base of the	🗌 tobramycin (2 mg/k	g)* IV STAT (may substitute	with gentamicin at the same dose in			
Time (hhmm)	the event of a tobramycin back	order)				
	AND 🗌 vancomycin		er dose)* IV STAT			
	AND 🗌 metroNIDAZOLE 500	•				
Ву	OR if SEVERE Penicillin allergy A	ND serum Creatinine is great	er than 130 mmol/L			
	ciprofloxacin 400 mg IV STAT					
	AND  vancomycin  AND  metroNIDAZOLE 500		erdose) IV STAT			
Status		•				
		located on source-net to as	ng guidelines found in the NHS			
Reviewed by Status Faxed by						
☐ Telephone C	Ordering Practitioner, Designat			yy hh Read		-
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