



For Back Up Use

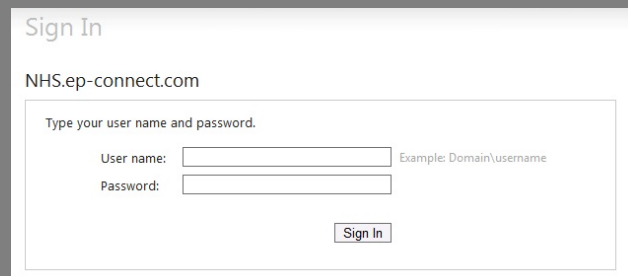
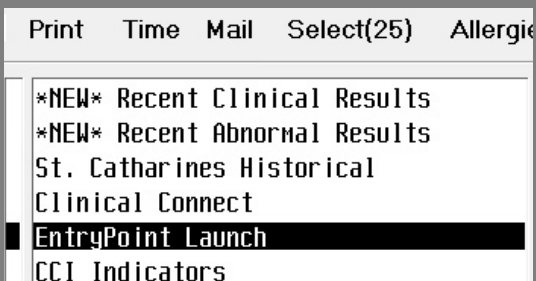
This copy of the Orderset is for Information & BackUp purposes only.

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.



Height _____ cm Weight _____ kg

Allergies _____

Adult Emergency Department (ED) Sepsis Order Set

M K O

Orders

Processed

Date
(dd/mm/yyyy)

Diagnostics

CXR Portable **OR** CXR PA and Lateral Reason: Sepsis
 CT _____ Reason: _____ (Fax requisition)
 Ultrasound _____ Reason: _____

Cardiology

Time (hhmm) ECG

Respiratory

Oxygen Therapy

By Titrate O₂ to keep SpO₂ greater than 92% and less than 96%

IV Fluids

Bolus IV

Status

_____ mL IV bolus over _____
 (Recommended: 30 mL/kg sodium chloride 0.9% until MAP greater than 65 mmHg, SBP greater than 90 mmHg or CVP greater than 8 mmHg (CVP greater than 12 mmHg if vented))

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THEN

IV Fluid: _____ at _____ mL/h

Blood Pressure Management

Status

Central line administration is preferred due to risk of extravasation. Wherever possible, infuse into a large vein (central line must be inserted by physician)
 norepinephrine (32 micrograms/mL) IV infusion (Add 8 mg (8 mL of 1 mg/mL) to 250 mL of 5% dextrose in water); titrate rate to maintain MAP of:
 Greater than 65 mmHg
 Start at 5 micrograms/minute and titrate 0 – 20 micrograms/minute
 hydrocortisone 100 mg IV x1 dose (for pressor resistant Shock or patients on steroids)

Faxed by

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm)



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Antibiotic Therapy

*****Recommended antibiotic therapy must be given within 1 hour of diagnosis*****

If no further antibiotic orders 6 hours from stat dosing, contact MRP

Meningitis

- dexamethasone 10 mg IV q6h for 4 days (start prior to initiation of antibiotics)
- cefTRIAxone 2 g IV STAT
AND vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT
- If age greater than 50 or immunocompromised/active chemotherapy, add ampicillin 2 g IV STAT
- OR** if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)
- moxifloxacin 400 mg IV STAT
AND vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT

*****Consult ID/Antimicrobial Stewardship for additional antibiotic suggestions*****

Community Acquired Pneumonia

- cefTRIAxone 1 g IV STAT
AND azithromycin 500 mg IV STAT
- OR** if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)
- moxifloxacin 400 mg IV STAT

Intra-Abdominal Sepsis

- piperacillin/tazobactam 4.5 g IV STAT
- OR** if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)
- tobramycin _____ (2 mg/kg)* IV STAT (may substitute with gentamicin at the same dose i the event of a tobramycin backorder)
- AND** metronIDAZOLE 500 mg IV STAT
- OR** if SEVERE Penicillin allergy **AND** Serum Creatinine is greater than 130 mmol/L
- ciprofloxacin 400 mg IV STAT
AND metronIDAZOLE 500 mg IV STAT

Diabetic Foot Infection

- piperacillin/tazobactam 4.5 g IV STAT
- If MRSA risk add vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT
- OR** if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)
- ciprofloxacin 400 mg IV STAT
AND vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT
AND metronIDAZOLE 500 mg IV STAT

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Antibiotic Therapy Continued...

Febrile Neutropenia

- piperacillin/tazobactam 4.5 g IV STAT
- If MRSA risk or indwelling central venous catheter add vancomycin _____ (20 mg/kg; 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 the event of a tobramycin backorder)
- AND** vancomycin _____ (20 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

- ce**TRIA**Xone 1 g IV STAT
- OR** if SEVERE Penicillin allergy (anaphylaxis/angioedema, bronchospasm)
- ciprofloxacin 400 mg IV STAT

Cellulitis

- ce**FAZ**olin 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

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