



DOCTOR'S ORDER SHEET FOR PRE-PRINTED ORDERS

Instructions:
Do not return charts with new or changed orders to rack.
No conditional (dependent on the approval of another physician) medication orders will be honored

**DEPARTMENT OF EMERGENCY MEDICINE
ASSESSMENT AND RESUSCITATION
OF POSSIBLE SEPSIS ORDERS
MD5375 (01/08)**

MARK REQUESTED ORDERS AND/ OR BOXES IF INDICATED
PRE-MARKED BOX ORDERS WILL BE PERFORMED UNLESS OTHERWISE NOTED

DOCTOR'S ORDER	PLEASE NOTE ALLERGIES ON INITIAL ORDERS	REQUISITIONED	NOTED
<p>SCREENING CRITERIA</p> <p>Does the patient have suspected infection and 2 or more of the following abnormalities? Systemic Inflammatory Response Syndrome (SIRS) criteria:</p> <ul style="list-style-type: none"> • Temperature > 38° C or < 36° C • Heart rate > 90 • Respiratory rate > 20 • WBC > 12,000 or < 4,000 or > 10% bands <p>If yes, order serum lactate and consider fluid bolus if hypotensive. If there is:</p> <ul style="list-style-type: none"> • Persistent systolic BP < 90 and/or MAP < 65 after 30 mL/kg NS bolus or • Serum lactate ≥ 4 <p>Activate Sepsis Alert unless precluded by Decision to Limit Treatment. * Note: Patients aged 65 years and older may not have an increased white cell count or fever, but may still have sepsis</p>			
<p style="text-align: center;">Nurse must review patient allergies before administering medications</p> <p><input type="checkbox"/> Oxygen therapy: titrate to keep SaO2 >92% _____</p> <p><input type="checkbox"/> Establish IV access (largest gauge possible) _____</p> <p><input type="checkbox"/> Establish 2nd IV access (largest gauge possible) _____</p> <p><input type="checkbox"/> Cardiac monitor _____</p> <p><input type="checkbox"/> Pulse oximetry _____</p> <p><input type="checkbox"/> Initial IV Fluids: NS Bolus 1000 mL bolus wide open _____ Repeat x 1 after physician reevaluation _____</p> <p><input type="checkbox"/> After initial fluid resuscitation, run IV'S _____ mL/hour _____</p> <p><input type="checkbox"/> Initial labs: CBC, Lactate _____</p> <p><input type="checkbox"/> Additional labs ON HOLD: C6, Glucose, Blood cultures x 2, DIC screen, _____</p> <p><input type="checkbox"/> Type and screen ON HOLD _____</p> <p><input type="checkbox"/> Urinalysis _____</p> <p><input type="checkbox"/> Urine culture and gram stain ON HOLD _____</p> <p><input type="checkbox"/> Chest x-ray, PA (reason): _____</p> <p><input type="checkbox"/> Temperature Foley to gravity _____</p> <p><input type="checkbox"/> Electrocardiogram (EKG) _____</p> <p>Antibiotics</p> <p><input type="checkbox"/> _____ IV</p> <p><input type="checkbox"/> _____ IV</p> <p><input type="checkbox"/> _____ IV</p> <p style="text-align: center;">◆ If Sepsis Alert initiated, see Doctor's Pre Printed order set MD5507 ◆</p>			
<p>PHYSICIAN SIGNATURE _____ DATE _____</p> <p>ID# OR PRINT NAME _____ TIME _____</p>			