



For Back Up Use

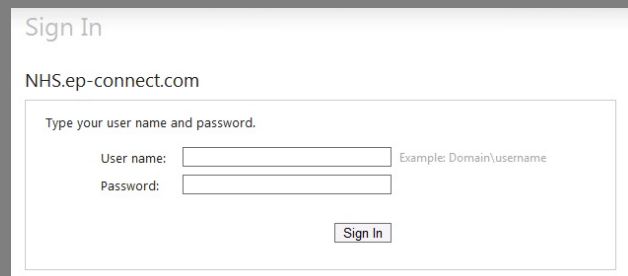
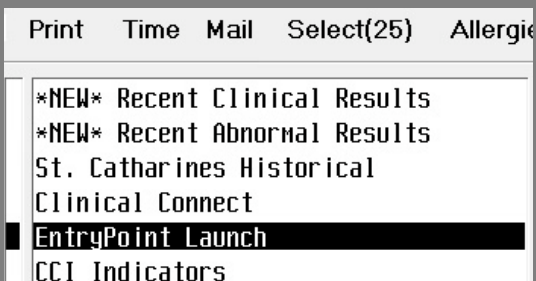
This copy of the Orderset is for Information & BackUp purposes only.

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 ED Sepsis Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	MRP Dr. _____ Code Status: <input type="checkbox"/> Full Resuscitation <input type="checkbox"/> _____			
Time (hhmm)	Consults <input type="checkbox"/> Intensivist – Reason: _____ <input type="checkbox"/> Other: _____			
By	Vitals/Monitoring <input checked="" type="checkbox"/> Height and Weight on admission (document in Meditech) <input checked="" type="checkbox"/> Continuous cardiorespiratory monitoring (CRM) including continuous SpO ₂ monitoring <input checked="" type="checkbox"/> Document Temp, HR, RR, BP, SpO ₂ q15 minutes x 2 hours then q1h and PRN <input checked="" type="checkbox"/> Notify physician of new adventitious breath sounds <input checked="" type="checkbox"/> Intake and Output q1h during resuscitation. If urine output is less than 0.5 mL/kg/h, notify physician			
Status	Neurovitals <input checked="" type="checkbox"/> If deterioration in mental status from baseline, notify physician			
Processing Reviewed by	Lines/Tubes Lines <input type="checkbox"/> Arterial line insertion by RRT NasoGastric (NG) Tube <input type="checkbox"/> NG tube to low intermittent suction Urinary Catheter <input type="checkbox"/> Insert Foley catheter to urometer Reason: Critically Ill <input checked="" type="checkbox"/> Reassess need for catheter within 24 hours of insertion			
Status				
Faxed by	Lab Investigations Lab Investigations (if not done as Directive) <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> INR <input checked="" type="checkbox"/> Creatinine <input checked="" type="checkbox"/> Urea <input checked="" type="checkbox"/> Troponin <input checked="" type="checkbox"/> Na, K, Cl, TCO ₂ <input checked="" type="checkbox"/> Random Glucose <input checked="" type="checkbox"/> VBG (draw from central line distal port if present) <input checked="" type="checkbox"/> Calcium <input checked="" type="checkbox"/> Magnesium <input type="checkbox"/> ALT, ALP, Bilirubin <input type="checkbox"/> Albumin <input type="checkbox"/> Lipase <input type="checkbox"/> GGT <input checked="" type="checkbox"/> Phosphorus <input checked="" type="checkbox"/> Lactate <input checked="" type="checkbox"/> Repeat Lactate in 2 hours post bolus <input checked="" type="checkbox"/> Blood Culture Set (aerobic/anaerobic) <input checked="" type="checkbox"/> Urinalysis – Routine <input type="checkbox"/> Urine Culture <input type="checkbox"/> Indwelling Line Culture <input type="checkbox"/> Wound Cultures <input type="checkbox"/> AST <input type="checkbox"/> ABG <input type="checkbox"/> Additional Labs: _____			

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

If Telephone Order _____ Read Back
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Rev. 04/2016/V3 ORD41 (900498)



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Adult ED Sepsis Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Diagnostics			
	<input checked="" type="checkbox"/> CXR Portable Reason: Sepsis OR <input type="checkbox"/> CXR PA and Lateral Reason: Sepsis <input type="checkbox"/> CT _____ Reason: _____ (Fax requisition) <input type="checkbox"/> Ultrasound _____ Reason: _____			
Time (hhmm)	Cardiology			
	<input checked="" type="checkbox"/> ECG			
By	Respiratory			
	Oxygen Therapy			
	<input checked="" type="checkbox"/> Titrate O ₂ to keep SpO ₂ greater than 92% and less than 96%			
Status	IV Fluids			
	Bolus IV			
	<input type="checkbox"/> _____ 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))			
Processing Reviewed by	THEN			
	<input type="checkbox"/> IV Fluid: _____ at _____ mL/h			
Status	Blood Pressure Management			
	<input checked="" type="checkbox"/> Central line administration is preferred due to risk of extravasation. Wherever possible, infuse into a large vein (central line must be inserted by physician) <input type="checkbox"/> 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:			
Faxed by	<input checked="" type="checkbox"/> Greater than 65 mmHg <input checked="" type="checkbox"/> Start at 5 micrograms/minute and titrate 0 – 20 micrograms/minute			

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Adult ED Sepsis Order Set		M	K	O
<p>Orders Processed Date (dd/mm/yyyy)</p> <hr/> <p>Time (hhmm)</p> <hr/> <p>By</p> <hr/> <p>Status</p> <hr/> <p>Processing Reviewed by</p> <hr/> <p>Status</p> <hr/> <p>Faxed by</p>	<p>Antibiotic Therapy</p> <p style="text-align: center;">***Recommended antibiotic therapy must be given within 1 hour of diagnosis***</p> <p><input checked="" type="checkbox"/> If no further antibiotic orders 6 hours from stat dosing, contact MRP</p> <p>Meningitis</p> <p><input type="checkbox"/> dexamethasone 10 mg IV q6h for 4 days (start prior to initiation of antibiotics)</p> <p><input type="checkbox"/> cefTRIAXone 2 g IV STAT</p> <p>AND <input checked="" type="checkbox"/> vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT</p> <p><input type="checkbox"/> If age greater than 50 or immunocompromised/active chemotherapy, add ampicillin 2 g IV STAT</p> <p>OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)</p> <p><input type="checkbox"/> levofloxacin 750 mg IV STAT</p> <p>AND <input checked="" type="checkbox"/> vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT</p> <p>***Consult ID/Antimicrobial Stewardship for additional antibiotic suggestions***</p> <p>Community Acquired Pneumonia</p> <p><input type="checkbox"/> cefTRIAXone 1 g IV STAT</p> <p>AND <input checked="" type="checkbox"/> azithromycin 500 mg IV STAT</p> <p>OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)</p> <p><input type="checkbox"/> levofloxacin 750 mg IV STAT</p> <p>Intra-Abdominal Sepsis</p> <p><input type="checkbox"/> piperacillin/tazobactam 4.5 g IV STAT</p> <p>OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)</p> <p><input type="checkbox"/> gentamicin _____ (2 mg/kg)* IV STAT</p> <p>AND <input checked="" type="checkbox"/> metroNIDAZOLE 500 mg IV STAT</p> <p>OR if SEVERE Penicillin allergy AND Serum Creatinine is greater than 130 mmol/L</p> <p><input type="checkbox"/> ciprofloxacin 400 mg IV STAT</p> <p>AND <input checked="" type="checkbox"/> metroNIDAZOLE 500 mg IV STAT</p> <p>Diabetic Foot Infection</p> <p><input type="checkbox"/> piperacillin/tazobactam 4.5 g IV STAT</p> <p><input type="checkbox"/> If MRSA risk add vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT</p> <p>OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)</p> <p><input type="checkbox"/> ciprofloxacin 400 mg IV STAT</p> <p>AND <input checked="" type="checkbox"/> vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT</p> <p>AND <input checked="" type="checkbox"/> metroNIDAZOLE 500 mg IV STAT</p>			

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Allergies _____

Adult ED Sepsis Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy) Time (hhmm) By Status Processing Reviewed by Status Faxed by	<p style="text-align: center;">Antibiotic Therapy Continued...</p> <p>Febrile Neutropenia</p> <p><input type="checkbox"/> piperacillin/tazobactam 4.5 g IV STAT</p> <p><input type="checkbox"/> If MRSA risk or indwelling central venous catheter add vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT</p> <p>OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)</p> <p><input type="checkbox"/> gentamicin _____ (2 mg/kg)* IV STAT</p> <p>AND <input checked="" type="checkbox"/> vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT</p> <p>***Consult ID/Antimicrobial Stewardship for additional antibiotic suggestions***</p> <p>OR if SEVERE Penicillin allergy AND serum Creatinine is greater than 130 mmol/L</p> <p><input type="checkbox"/> ciprofloxacin 400 mg IV STAT</p> <p>AND <input checked="" type="checkbox"/> vancomycin _____ (20 mg/kg; maximum 3 g per dose) * IV STAT</p> <p>***Consult ID/Antimicrobial Stewardship for additional antibiotic suggestions***</p> <p>Urosepsis</p> <p><input type="checkbox"/> ceTRIAXone 1 g IV STAT</p> <p>OR if SEVERE Penicillin allergy (anaphylaxis/angioedema, bronchospasm)</p> <p><input type="checkbox"/> ciprofloxacin 400 mg IV STAT</p> <p>Cellulitis</p> <p><input type="checkbox"/> ceFAZolin 1 g IV STAT</p> <p>OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm) OR risk of MRSA</p> <p><input type="checkbox"/> vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT</p> <p>Sepsis, Unknown Source</p> <p><input type="checkbox"/> piperacillin/tazobactam 4.5 g IV STAT</p> <p><input type="checkbox"/> If MRSA risk add vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT</p> <p>OR if SEVERE Penicillin allergy (anaphylaxis, angioedema, bronchospasm)</p> <p><input type="checkbox"/> gentamicin _____ (2 mg/kg)* IV STAT</p> <p>AND <input checked="" type="checkbox"/> vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT</p> <p>AND <input checked="" type="checkbox"/> metroNIDAZOLE 500 mg IV stat</p> <p>OR if SEVERE Penicillin allergy AND serum Creatinine is greater than 130 mmol/L</p> <p><input type="checkbox"/> ciprofloxacin 400 mg IV STAT</p> <p>AND <input checked="" type="checkbox"/> vancomycin _____ (20 mg/kg; maximum 3 g per dose)* IV STAT</p> <p>AND <input checked="" type="checkbox"/> metroNIDAZOLE 500 mg IV STAT</p> <p><small>*Please refer to aminoglycoside and vancomycin dosing guidelines found in the NHS Antimicrobial Handbook located on source•net to assist with further dosing</small></p>			

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Allergies _____

Adult ED Sepsis Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Additional Orders			

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