



**PRESCRIBER'S ORDERS
INTENSIVE CARE UNIT
PATIENTS WITH SEVERE SEPSIS / SEPTIC
SHOCK**

DATE ___/___/___ TIME ___:___ HOURS
DD MM YYYY

WEIGHT _____ kilograms	HEIGHT _____ centimetres	<input type="checkbox"/> ALLERGY CAUTION sheet reviewed
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Pharmacy Use Only	WRITE FIRMLY WITH A BALLPOINT PEN	Noted by RN/UC
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Attending Physicians
Intensivist: _____ **Infectious Diseases:** _____

Maintenance Fluids
 Total maintenance fluid rate of _____ millilitre (mL)/hour (hr) (80% maintenance)
 D10W / 0.9% NaCl for weight less than 5 kilograms (kg)
 D5W / 0.9% NaCl for weight greater than or equal to 5 kg

Targeted Goals
 HR _____ - _____ SpO₂ _____ - _____ S_{cv}O₂ > _____
 MAP _____ - _____ CVP _____ - _____ Urine output > _____ mL/hr

Pressure Lines
Central Venous Lines
 0.9% NaCl at 1 mL/hr for weight less than 20 kg
 0.9% NaCl at 2 mL/hr for weight greater than or equal to 20 kg
 Access and transduce surgically inserted vascular access device
 Add Heparin 2 units/mL to central line fluid if no other fluids running through lumen

Arterial Line
 0.9% NaCl with Heparin 2 units/mL at 1 mL/hr for weight less than 20 kg
 0.9% NaCl with Heparin 2 units/mL at 2 mL/hr for weight greater than or equal to 20 kg

Antibiotics (first dose STAT if not already given; refer to empiric antibiotic guidelines on reverse for drug choice and dosing)
 1. _____
 2. _____
 3. _____

Analgesia and Sedation
 Acetaminophen _____ milligrams (mg) (15 mg/kg/dose) PO/PR/NG/NJ q6hr for four doses then q6hr as needed for pain or temperature greater than 38.5° Celsius
 Morphine 0-20 micrograms/ kilogram/ hour (mcg/kg/hr) continuous IV infusion, titrated to maintain Multidimensional assessment of pain score (MAPS) 0
 Morphine bolus _____ mg (0.05 mg/kg/dose) IV every 1hr as needed to maintain MAPS 0
 Dexmedetomidine 0.1-0.7 mcg/kg/hr continuous IV infusion, titrated to maintain State behavioural scale (SBS) -1 to 0 and MAPS 0
 Midazolam 0-120 mcg/kg/hr continuous IV infusion, titrated to maintain SBS -1 to 0
 Titration of analgesics and sedatives per ICU protocol

Print Name: _____ Pager #: _____
 Signature: _____ College ID#: _____



An agency of the Provincial Health Services Authority

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INTENSIVE CARE UNIT – INPATIENT ORDERS
PATIENTS WITH SEVERE SEPSIS / SEPTIC SHOCK**

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Pharmacy Use Only	WRITE FIRMLY WITH A BALLPOINT PEN		Noted by RN/UC
<p>Vasoactive infusions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Epinephrine 0 – 0.2 mcg/kg/minute (min) continuous IV infusion; start at _____ mcg/kg/min <input type="checkbox"/> Norepinephrine 0 – 0.2 mcg/kg/min continuous IV infusion; start at _____ mcg/kg/min <input type="checkbox"/> Dopamine 0 – 10 mcg/kg/min continuous IV infusion; start at _____ mcg/kg/min <input type="checkbox"/> Milrinone 0 – 0.75 mcg/kg/min continuous IV infusion; start at _____ mcg/kg/min <p>Investigations</p> <ul style="list-style-type: none"> <li style="width: 33%;"><input type="checkbox"/> CXR <li style="width: 33%;"><input type="checkbox"/> 12 lead ECG <li style="width: 33%;"><input type="checkbox"/> Echocardiogram <p>On admission:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Blood, urine, Naso-pharyngeal wash (NPW) cultures <input type="checkbox"/> Endotracheal (if applicable) cultures <input checked="" type="checkbox"/> Coagulation series (PT, PTT, INR, fibrinogen) <input checked="" type="checkbox"/> Liver enzymes (AST, ALT, Alk Phos, GGT) <input checked="" type="checkbox"/> Amylase, lipase <input checked="" type="checkbox"/> Arterial blood gas <input checked="" type="checkbox"/> Mixed venous blood gas <p>Other scheduled bloodwork:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CBC, differential every _____ hour (s) <input type="checkbox"/> Coagulation series every _____ hour (s) <input type="checkbox"/> Liver enzymes every _____ hour (s) <input type="checkbox"/> Arterial blood gas every _____ hour (s) <input type="checkbox"/> Mixed venous blood gas every _____ hour (s) <p>Other investigations:</p> <p><input type="checkbox"/> _____</p> <p>Miscellaneous Patient Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nasogastric tube to gravity drain <input type="checkbox"/> Nothing by mouth (NPO) except medications <input type="checkbox"/> Foley catheter 			
<p>Print Name: _____ Pager #: _____</p> <p>Signature: _____ College ID#: _____</p>			

Empiric Antibiotic Guideline

	< 1 Month Old	1 – 3 Months Old	> 3 Months Old
NOTE: If MRSA is a consideration use vancomycin instead of cloxacillin. Vancomycin 20 mg/kg IV X 1 dose NOW then 15 mg/kg/dose IV q6h. Consult Infectious Disease Service for ANY Severe Sepsis Patient			
Sepsis Unknown Source	Ampicillin + Acyclovir + [Gentamicin or Cefotaxime] <u>Ampicillin</u> 50 mg/kg/dose IV NOW and q6h (q8h if < 1 week old) plus <u>Acyclovir</u> 20 mg/kg/dose IV NOW and q8h (adjust for renal impairment) plus <u>Gentamicin</u> 2.5 mg/kg/dose IV NOW and q8h (q12h if < 1 week old)	Ampicillin + Cefotaxime <u>Ampicillin</u> 50 mg/kg/dose IV NOW and q6h plus	Cloxacillin + Cefotaxime <u>Cloxacillin</u> 50 mg/kg/dose IV NOW and q6h (Max 2 g/dose) plus <u>Cefotaxime</u> 50 mg/kg/dose IV NOW and q6h (Max 2 g/dose)
CNS Suspected Source	OR <u>Ampicillin</u> 50 mg/kg/dose IV NOW and q6h (q8h if < 1 week old) plus <u>Acyclovir</u> 20 mg/kg/dose IV NOW and q8h (adjust for renal impairment) plus <u>Cefotaxime</u> 50 mg/kg/dose IV NOW and q8h (q12h if < 1 week old)	Shunt/EVD <u>Meropenem</u> 40 mg/kg dose IV NOW and q8h (Max2g/dose) plus Vancomycin 20 mg/kg IV X1 dose NOW then 15 mg/kg/dose IV q6h	
Pneumonia Suspected Source	<u>Ampicillin</u> 50 mg/kg/dose IV NOW and q6h (q8h if < 1 week old) plus <u>Acyclovir</u> 20 mg/kg/dose IV NOW and q8h (adjust for renal impairment) plus <u>Cefotaxime</u> 50 mg/kg/dose IV NOW and q8h (q12h if < 1 week old)	Cloxacillin + Cefotaxime <u>Cloxacillin</u> 50 mg/kg/dose IV NOW and q6h (Max 2 g/dose) plus <u>Cefotaxime</u> 50 mg/kg/dose IV NOW and q6h (Max 2 g/dose)	Cloxacillin + Cefotaxime +/- Azithromycin <u>Cloxacillin</u> 50 mg/kg/dose IV NOW and q6h (Max 2 g/dose) plus <u>Cefotaxime</u> 50 mg/kg/dose IV NOW and q6h (Max 2 g/dose) plus <u>Azithromycin</u> 10 mg/kg/dose PO/IV X 1 dose (Max 500 mg) then 5 mg/kg/dose PO/IV q24h (max 250 mg/dose) X 5 days
GU Suspected Source	No known anatomical abnormalities or first presentation: Ampicillin + Gentamicin <u>Ampicillin</u> 50 mg/kg/dose IV NOW and q6h (q8h if < 1 week old) plus <u>Gentamicin</u> 2.5 mg/kg/dose IV NOW and q8h (q12h if < 1 week old) Known abnormality of GU tract: Piperacillin + Gentamicin <u>Piperacillin</u> 75 mg/kg/dose IV q6h (q8h if < 1 week old) plus <u>Gentamicin</u> 2.5 mg/kg/dose IV q8h (q 12h if < 1 week old)	> 1 month old: No known anatomical abnormalities or first presentation: Ampicillin + Gentamicin <u>Ampicillin</u> 50 mg/kg/dose IV NOW and q6h (Max 3g/dose) plus <u>Gentamicin</u> 7 mg/kg/dose IV NOW and q24h Known abnormality of GU tract: Meropenem + Gentamicin Meropenem 20 mg/kg/dose IV NOW and q8h plus <u>Gentamicin</u> 7 mg/kg/dose IV NOW and q24h	
Skin/ Soft Tissue Suspected Source	If Suspected Necrotizing Fasciitis: Clindamycin + Penicillin + Gentamicin <u>Clindamycin</u> 5 mg/kg/dose IV NOW and q6h (q8h if < 1 week old) plus <u>Penicillin</u> 50 000 units/kg/dose IV NOW and q6h (q8h if < 1week old) plus <u>Gentamicin</u> 2.5 mg/kg/dose IV NOW and q8h (q12h if < 1 week old) If Suspected Staphylococcal Toxic Shock: Vancomycin + Cefotaxime <u>Vancomycin</u> 15 mg/kg IV NOW and q8h (q12h if < 1 week old) plus <u>Cefotaxime</u> 50 mg/kg/dose IV NOW and q8h (q12h if < 1 week old)	> 1 month old: If Suspected Necrotizing Fasciitis: Clindamycin + Penicillin + Gentamicin <u>Clindamycin</u> 13 mg/kg/dose IV NOW and q8h (Max 900 mg/dose) plus <u>Penicillin</u> 65 000 units/kg/dose IV NOW and q4h (Max 4 million units/dose) plus <u>Gentamicin</u> 7 mg/kg/dose IV NOW and q24h If Suspected Staphylococcal Toxic Shock: Vancomycin + Cefotaxime Vancomycin 20 mg/kg IV X 1 dose NOW then 15 mg/kg/dose IV q6h plus <u>Cefotaxime</u> 50 mg/kg/dose IV NOW and q6h (Max 2 g/dose)	
Immunocompromised/ Febrile Neutropenic Patient	If Group A Strep Necrotizing Fasciitis suspected: Add Intravenous immunoglobulin (IVIg) 1g/kg/dose IV q24h X 2 doses **ordered from blood bank ** Consult Infectious Disease prior to administration of IVIg		
Please refer to Fever/Neutropenia Empiric Antibiotic Chart			

ABBREVIATION	EXPLANATION OF ABBREVIATION	ABBREVIATION	EXPLANATION OF ABBREVIATION
cm	Centimeters	min	Minute
CXR	Chest xray	MAP	Mean arterial pressure
CVP	Central venous pressure	NG	Nasogastric
ECG	Electrocardiogram	NJ	Nasojejunal
HR	Heart rate	NPO	Nothing by mouth
IV	Intravenously	PO	Orally
kg	Kilogram	PR	Rectally
mL	Millilitre	SBS	State behavioural scale
MAPS	Multidimensional assessment of pain score	SpO2	Oxygen saturation
mcg	Microgram	ScvO2	Central venous oxygenation saturation
mg	Milligram		