Outpatient Infusion Services Sepsis [3365]

Management of Suspected Severe Sepsis or Septic Shock

Establish IV Access

[X] Insert peripheral IV	STAT, Clinic Performed, Normal

Vital Signs

[X] Vital signs - T/P/R/BP Q 1 HR x3 hours while the patient in clinic	STAT, Clinic Performed, Normal, Monitor every 1 hour for 3 hours, or more frequently as indicated by clinical condition and assessment findings, then re-evaluate frequency of vitals asessment.
[X] Pulse oximetry while the patient in clinic	STAT, Clinic Performed, Normal

Lactic Acid - STAT

[X] Lactic acid level, SEPSIS - Now and repeat 2x every 3 hours if the patient is still in clinic	STAT, Normal, Clinic Collect, Now and repeat 2x (if patient still in clinic) 3 hours and 6 hours after 1st lactic acid lab draw. STAT - SPECIMEN MUST BE DELIVERED IMMEDIATELY TO THE LABORATORY.

Cultures

[X] Blood culture, aerobic & anaerobic x2	STAT, Normal, Clinic Collect, Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.
[X] Blood culture, aerobic & anaerobic	STAT, Normal, Clinic Collect, Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, one set may be drawn from a central line; an IV line should NEVER be used.
[X] Urinalysis screen and microscopy, with reflex to culture	STAT, Normal, Clinic Collect Specimen Source: Urine Specimen Site: Clean catch

Notify Provider

[X] Notify Provider for Antibiotics and further Orders	STAT, Clinic Performed, Normal
[ ] Consider Sending patient to ED if condition warrants	Consider Sending patient to ED if condition warrants; Avoid direct admits if possible

IV Fluids

[ ] sodium chloride 0.9 % bolus	1,000 mL, intravenous, for 60 Minutes, once Reassess patient after IV fluid bolus given. If target not met (MAP 65 to 70 mmHg or SBP GREATER than 90 mmHg), notify ordering provider prior to administration of second bolus. Doses start immediately. Notify provider immediately upon completion of fluid bolus administration.
[ ] Vital signs - T/P/R/BP Q 30 Min x 2 while the patient is in clinic	STAT, Clinic Performed, Normal, Vitals (including temperature) following fluid bolus administration every 30 minutes x 2 occurrences. After second vital sign completion, notify care provider of bolus completion time and need for reperfusion assessment.
[ ] Patient does not have initial hypotension, severe sepsis, nor septic shock at this time. No additional crystalloid IV fluid resuscitation bolus indicated at this time Details	Routine, Normal, Normal

Antibiotics

[ ] aztreonam (AZACTAM) IV	2 g, intravenous, once, Starting S, For 1 Doses If penicillin allergy Reason for Therapy:

[ ]	cefepime (MAXIPIME) IV	2 g, intravenous, once, Starting S, For 1 Doses Reason for Therapy:
[ ]	meropenem (MERREM) IV	500 mg, intravenous, once, Starting S, For 1 Doses Reason for Therapy:
[ ]	metronidazole (FLAGYL)	500 mg, intravenous, once, Starting S, For 1 Doses Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy:
[ ]	piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, once, Starting S, For 1 Doses Reason for Therapy:
[ ]	vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, Starting S, For 1 Doses Type of Therapy:

Cert Notification

[ ]	Activate CERT	If Severe Sepsis + Persistent Hypotension or Lactate greater than or equal to 4, Activate CERT

Important Notes

Sepsis Documentation (Single Response)

( )	Nursing communication: Ensure documentation	Ensure following documentation 1. Failed attempts to collect lab specimens 2. Accurate start/stop times of IV fluids and antibiotics
(X)	Persistent hypotension criteria	Persistent Hypotension - two consecutive BP's measuring SBP < 90 or MAP< 65 within the hour after fluid bolus completion.