



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

HOSPITAL NAME

ADULT SEPSIS STANDING ORDERS

Date:	Time:
Patient Name:	Age:
Allergies:	
Weight (Kg):	
CODE STATUS: <input type="checkbox"/> FULL CODE <input type="checkbox"/> DNR <input type="checkbox"/> DNI	
ORDERS	
ALL ITEMS WITH AN AUTOCHECK “√” ARE AUTOMATICALLY INITIATED	
√ Obtain baseline vital signs: Temperature, Pulse, Respiration, Blood Pressure, SpO ₂ , and Mean Arterial Pressure (MAP)	
√ O ₂ per NC @ 2-6 LPM to maintain SpO ₂ > 90%. Monitor SpO ₂ continuously via pulse oximeter. Notify Provider if unable to maintain SpO ₂ > 90%	
√ Obtain IV access x2	
√ Sodium Chloride 0.9% 10 mL, Flush PRN for line patency	
√ Blood Cultures x2 from 2 peripheral sites (Obtain prior to administration of antibiotics, BUT DO NOT DELAY ANTIBIOTICS IF RESULTS ARE NOT RETURNED IN ONE (1) HOUR OR LESS)	
LABS & DIAGNOSTICS	
√ Obtain Stat Labs: *Lactic Acid, CBC with diff, CMP, D-dimer (*if initial Lactate level >2 mmol/L; remeasure)	
√ Urine C&S, Sputum C&S, Wound C&S (if indicated)	
√ Obtain FSBS; if value is > 180 mg/dL or < 60 mg/dL notify Provider	
√ Obtain ABGs	
√ Obtain EKG	
√ Obtain Single View Chest X-ray	
√ Obtain weight in kg	
MONITORING & OTHER ORDERS	
√ Monitor vital signs and SpO ₂ every 15 minutes, and MAP every 30 minutes (**See footnote below to calculate MAP) until VS and MAP stable then monitor every hour.	
√ Notify Provider if Temperature > 100.4°F or < 96.8°F, or Pulse > 90 BPM or Resp Rate > 20, SpO ₂ < 90%, or if MAP < 60 mm/Hg	
√ Place Urinary Catheter and monitor output every hour. Notify Provider if output < 0.5 mL/kg/hour	
√ Monitor FSBS values every hour; if FSBS value is > 180 mg/dL or < 60 mg/dL notify Provider	
√ Monitor Lactate level every 6 hours until level < 2	
FEVER MANAGEMENT	
√ Tylenol 1000mg IV over 15 minutes every 6 hours PRN Temp > 100.4°F if unable to tolerate PO	
√ Tylenol 500mg PO every 6 hours PRN Temp > 100.4°F	
CONCOMITANT MEDICATIONS	
√ Zofran 4mg IVP every 6 hours PRN for nausea or vomiting if unable to tolerate PO	
√ Zofran 4mg PO every 6 hours PRN for nausea or vomiting	

Nurse Signature:				Time:		Date:		<input type="checkbox"/> TORB <input type="checkbox"/> VORB <input type="checkbox"/> N/A			
Provider Signature:				Time:		Date:					
Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead
U	Unit	X.0 mg	X.0 mg	QD	Daily	MS or MSO4	Morphine	cc	mL	SC, SQ, Sub q	Subcutaneous
IU	International Unit	.X mg	0.X mg	QOD	Every Other Day	MgSO4	Magnesium Sulfate	qhs	nightly	D/C	Discharge or Discontinue

<input type="checkbox"/> Protonix 40 mg IV push daily	<input type="checkbox"/> Protonix 40 mg IV push BID
<input type="checkbox"/> Protonix 40 mg PO daily	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
FLUID RESUSCITATION	
<input type="checkbox"/> Normal Saline 0.9% 1000 mL 30mL/kg rapid administration for hypotension or lactate \geq 4 mmol/L _____ mL x1	
<input type="checkbox"/> Normal Saline 0.9% 1000 mL _____ mL x1 over _____ minutes	
<input type="checkbox"/> Normal Saline 0.9% 500 mL x1 over _____ minutes	
<input type="checkbox"/> Normal Saline 0.9% 250 mL x1 over _____ minutes	
<input type="checkbox"/> Lactated Ringers 1000 mL 30mL/kg rapid administration for hypotension or lactate \geq 4 mmol/L _____ mL x1	
<input type="checkbox"/> Lactated Ringers 1000 mL _____ mL x1 over _____ minutes	
<input type="checkbox"/> Lactated Ringers 500 mL x1 over _____ minutes	
Other:	
ANTIBIOTICS	
<input type="checkbox"/> Azithromycin 500 mg IV x1	<input type="checkbox"/> Ciprofloxacin 400 mg IV x1
<input type="checkbox"/> Ceftriaxone 1 gram IV x1	<input type="checkbox"/> Vancomycin 1 gram IV x1
<input type="checkbox"/> Meropenem 500 mg IV x1	<input type="checkbox"/> Vancomycin _____ (15mg/kg IV) x1
<input type="checkbox"/> Zosyn 4.5 grams IV x1	<input type="checkbox"/> Other:
VASOPRESSORS	
<input type="checkbox"/> Norepinephrine 4mg/D5W 250 mL IV: Start 0.5 mcg/min Titrate by 1 mcg/min PRN every 15 minutes up to 12mcg/min to keep MAP > 65 mm Hg or SBP > 90	
<input type="checkbox"/> Epinephrine 4mg/NS 250 mL IV: Start at 0.05 mcg/kg/min Titrate by 0.05 mcg/kg/min PRN every 15 minutes up to 2 mcg/kg/min to keep MAP > 65mm Hg or SBP > 90	
<input type="checkbox"/> Vasopressin: Start at 0.01units/min Titrate by 0.01units/min PRN every 15 minutes up to 0.04units/kg to keep MAP > 65 mm Hg or SBP > 90	
<input type="checkbox"/> Dopamine: Start at 5 mcg/kg/min Titrate by 5mcg/kg/min PRN every 15 minutes up to 20mcg/kg/min to keep MAP > 65 mm Hg or SBP > 90	
<input type="checkbox"/> Dobutamine: Start at 2mcg/kg/min Titrate by 2.5mcg/kg/min PRN every 15 minutes up to 15mcg/kg/min to keep MAP > 65 mm Hg or SBP > 90	
<input type="checkbox"/> Other:	
VENOUS THROMBUS EMBOLUS (VTE) PROPHYLAXIS	
<input type="checkbox"/> Lovenox 40 mg Subcutaneous daily	<input type="checkbox"/> Lovenox 30 mg Subcutaneous daily (if CrCl < 30 mL/min)
<input type="checkbox"/> Heparin 5000 Units Subcutaneous every 8 hours	<input type="checkbox"/> Heparin 5000 Units Subcutaneous every 12 hours
<input type="checkbox"/> Sequential Compression Device (SCD)	<input type="checkbox"/> Compression Stockings

Nurse Signature:				Time:		Date:		<input type="checkbox"/> TORB <input type="checkbox"/> VORB <input type="checkbox"/> N/A			
Provider Signature:				Time:		Date:					
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U	Unit	X.0 mg	X.0 mg	QD	Daily	MS or MSO4	Morphine	cc	mL	SC, SQ, Sub q	Subcutaneous
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