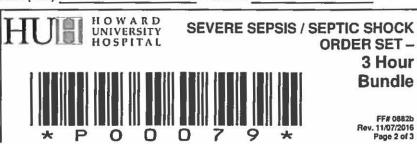
DIAGNOSIS:				NO KNOWN A	LERGIES L		
			ALLERGY and MEDICATION SENSITIVITY INFORMATION (Transfer to each new order)				
AGE:	_ WT.: ORDERED	_ HEIGHT:					
Ţ	DATE / TIME	✓ Severe Sepsis / Septic Shock Order Set – 3 Hour Bundle					
DO NOT USE the following abbreviations: U	Diagnostics – 3 Hour Bundle						
		▶ ☑ CBC with Automated Differential Stat (required)					
		► ☑ Comprehensive Metabolic Panel (CMP) Stat (required)					
QD		☑ Prothrombin Time (PT/INR) Stat (required)					
QOD MS		☑ aPTT (PTT) Stat (required)					
MSO4 MgSO4		☐ Perform ISTAT Lactate level Stat					
ug TIW		☐ Lactic Acid Stat					
AS		☐ Lactic Acid Stat Repeat if 1st Lactic Acid is > 2 at least 2H post 1st result					
AD AU		☐ Blood Culture – Draw by Lab – Peripheral X2					
OS OD		☐ Blood Culture - Draw by Nurse - Peripheral X2 (ICUs, ED)					
ou		☐ Blood Culture - Nurse/Doctor Draw - Central Line Stat					
&		☐ Urinalysis Stat					
Trailing		☐ Urine Culture Stat					
zero after whole		Respiratory Culture (if with productive cough) Stat					
number (i.e. 5.0 mg)		☐ EKG (ED) Stat					
		☐ EKG Tracing Only (EKG) Stat					
MUST USE the following		☐ XR Chest PA and LAT Stat					
abbreviation:		☐ XR Chest Single View Stat Portable					
Leading zero	Monitoring – 3 Hour Bundle						
before a less than whole number (i.e. 0.5 mg)		☑ Notify MD if SBP (sy	rstolic BP) is < 90 mmHg (requ	uired)			
	*	Notify MD if there is decrease of 40 mmHg from last recorded SBP (required)					
		Notify MD if MAP (Mean Arterial Pressure) is < 65 mmHg (required)					
		▼ Notify MD if Lactic Acid is equal to or greater than 4 mmol/L (required)					
				Time Order Scanned:			
Physician Signature		Name	(Print):	Date/Time:	Pager:		
Nurse Signature:		Name	(Print):	Date/Time:			
US Signature:			(Print):	Date/Time:			

HUI HOWARD UNIVERSITY HOSPITAL SEVERE SEPSIS / SEPTIC SHOCK ORDER SET -3 Hour Bundle

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DIAGNOSIS:				NO KNOWN AL	ERGIES [
AGE:	_ WT.:	HEIGHT:	ALLERGY and MEDICATION SENSITIVITY INFORMATION (Transfer to each new order)				
AGE.	ORDERED		w				
i	DATE / TIME	☑ Severe Sepsis / Septic Shock Order Set – 3 Hour Bundle					
DO NOT USE	IV Fluids – 3 Hour Bundle						
the following abbreviations: U	INSTRUCTION: Administer IV fluids ONLY IF systolic BP (SBP) < 90 mmHg or mean arterial BP (MAP) < 65 mmHg or a decrease in SBP 40 mmHg from the last recorded SBP considered normal for given patient or initial Lactate level =/> 4 mmol/L						
IU QD		(Choose ONE from below)					
QOD		Sodium Chloride 0.99	% IV @ 30 ml/kg - Infuse 2L	rapidly by bolus			
MS		☐ Lactated Ringers IV @ 30 ml/kg – Infuse 2L rapidly by bolus					
MSO ₄		☐ PLASMA-LYTE-56 IN D5W IV @ 30 ml/kg - Infuse 2L rapidly by bolus					
MgSO₄ ug		☐ Normosol @ 30 ml/kg	- Infuse 2L rapidly by bolus				
πw		☑ Notify MD to reasses	s fluid tolerance after infusior	of 2 liters			
AS		✓ If pt tolerating fluids in	nfuse each additional liter by	bolus			
AD AU		✓ Notify MD to assess	fluid tolerance after each liter	is infused			
os		☑ Infuse the entire amo	s fluid tolerance after each liter is infused nount of IV fluid equivalent to 30 ml/kg				
OD							
ou	Medications – 3 Hour Bundle						
&	INSTRUCTIONS	: Administer antibiotics v	vithin 1 hour from time of pre	esentation (after blood culture	is drawn)		
_		Add additional antibiotic	cs as needed for clinical pictu	ıre			
Trailing zero after			broad spectrum antibiotics:	Monotherapy or Combination	on Therapy		
whole	<u>Monotherapy</u>						
number (i.e. 5.0 mg)		Cefepime 2g IV Q8H X 48hrs (if meningitis is suspected)					
(i.e. 5.0 filg)		Levofloxacin (Levaquin) 750 mg IV Q24H X 48hrs					
		Zosyn 3.375g IV Q6F					
MUST USE the following abbreviation: Leading zero before a less		Central venous cathe Recent (within 3 mon	omycin where MRSA is keter or other indwelling hardwalths) or current prolonged hosing home or subacute facility	are in place			
than whole		☐ Vancomycin 1g/200n	nL IV Q12H X 48hrs				
number (i.e. 0.5 mg)		Combination therapy include: aztreonam 2 gm and vancomycin 1gm or ciprofloxacin 400mg and vancomycin 1gm					
) 2 g IV Q8H X 48hrs				
			400mg/200mL IV Q12H X 48				
□ Vancomycin 1g/200mL IV Q12H X 48hrs Time Order Scanned:							
Physician Signature	:	Name	(Print):	Date/Time:	_Pager:		
Nurse Signature:		Name	(Print):	Date/Time:			
US Signature:			(Print):	Date/Time:			

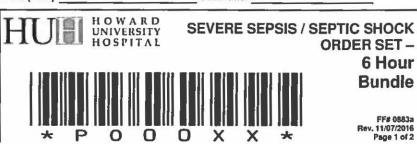


DIAGNOSIS:				NO KNOWN AL	LERGIES [
	WIT	LICIOUT.	ALLERGY and MEDICATION SENSITIVITY INFORMATION (Transfer to each new order)			
AGE:	WT.:	HEIGHT:				
	DATE / TIME	☑ Severe Sepsis /	Septic Shock Order Se	et – 3 Hour Bundle		
DO NOT USE the following						
abbreviations:		☐ Aztreonam (Azactam) 2 g IV One Time				
U IU		☐ Cefepime 2g IV One	Time			
QD QOD	□ Ciprofloxacin (Cipro) 400mg/200 D5W IV ONE TIME					
MS		Levofloxacin (Levaq	uin) 750mg IV PB One Time			
MSO ₄						
ug TIW		Zosyn 3.375 g IV Or	ne Time			
AS AD						
AU						
OD OU	OS INSTRUCTIONS: If patient's condition progress to Septic Shock,				set	
&						
Trailing						
zero after whole						
number (i.e. 5.0 mg)						
MUST USE the following						
abbreviation:						
Leading zero						
before a less than whole						
number (i.e. 0.5 mg)						
(i.e. o.o mg)						
				Time Order Scanned:		
Physician Signature		Name	(Print):	Date/Time:	_Pager:	
			(Print):	Date/Time:		
US Signature:		Name	(Print):	Date/Time:		



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DIAGNOSIS:				NO KNOWN	ALLERGIES [
AGE:	WT.:	HEIGHT:	ALLERGY and MEDICATION SENSITIVITY INFORMATION (Transfer to each new order)				
	ORDERED		Santia Shook Order Sa	+ 6 Hour Bundlo			
DO NOT USE	DATE / TIME						
the following	Diagnostics – 6 Hour Bundle						
abbreviations:	INSTRUCTION: Repeat Lactic acid level must be done within 6 hours of Severe Sepsis / Septic Shock presentation						
QD		☐ Perform I-STAT Lactate level Stat					
QOD MS		☐ Lactic Acid Stat Repeat if 1st Lactate is > 2 (18 mg/L) &/or not previously resulted					
MSO4 MgSO4							
ug TIW	Medications – 6 Hour Bundle						
AS AD AU	INSTRUCTIONS: Order vasopressors if tissue hypo-perfusion persists in the hour after crystalloid fluid is administered at 30ml/kg as evidenced by either:						
os	SBP < 90 mmHg						
OD OU	MAP < 65 mmHg						
&		Decrease in SBP by 40	mmHg from last recorded SE	BP considered normal for p	atient		
Trailing	ADDITIONAL F	REMINDERS:					
zero after whole	Norephinephrine is the first line agent						
number (i.e. 5.0 mg)		If additional vasopressor support is needed, add or switch to EPINEPHrine					
-		Use phenylephrine only for norepinephrine associated with serious arrhythmias, high cardiac output with persistently low BP					
MUST USE the following abbreviation:		Vasopressin max = 0.03 units/minute and should not be used as a single agent; higher doses should be reserved for salvage therapy					
Leading zero		☐ Norepinephrine (Leve	ophed) 8 mg/250 mL IV, 2 mg	eg/min			
before a less than whole		☐ Epinephrine 2 mg/25	0 mL IV, 1 mcg/min				
number		☐ Phenylephrine 10 mg	/250 mL NS IV Continuous,	Titrate as directed			
(i.e. 0.5 mg)		☐ Vasopressin 20 Units	s/100 mL IV Drip @ 0.03 units	s/min			
ļ	"	***					
	Time Order Scanned:						
Physician Signature		Name :	(Print):	Date/Time:	Pager:		
Nurse Signature:		Name	(Print):	Date/Time:			
US Signature:		Name	(Print):	Date/Time:			



DIAGNOSIS:				NO KN	IOWN ALLERGIES			
AGE:		HEIGHT:	ALLERGY and MEDICA SENSITIVITY INFORMA (Transfer to each new of	TION				
AGL	ORDERED		nois / Santia Shook Or	dor Cot - C Hour Bund				
DO NOT USE the following abbreviations:	DATE / TIME	-	✓ Severe Sepsis / Septic Shock Order Set – 6 Hour Bundle Monitoring – 6 Hour Bundle					
		INSTRUCTION: LIP must document all FIVE assessments one hour after Crystalloid administration						
QD	*	☑ Stat Check Vital Signs and Temperature (RN)						
QOD MS		☑ Stat Check Capillary Refill (RN)						
MSO ₄ MgSO ₄		☑ Stat Perform Skin Examination (RN)						
ug TIW	W	☑ Stat Perform Peripheral Pulse Check (RN)						
AS		☑ Stat Call LIP to confirm and document above nursing assessments						
AD AU	116	☑ Stat Call LIP to perform and document Cardiopulmonary Examination						
OS OD								
OU		OR Any TWO of the following:						
&		☐ Stat Central Venous Pressure Measurement (RN)						
Trailing zero after		☐ Stat Central Venous Oxygen Measurement (RN)						
whole number		Stat Passive Leg Raise (RN)						
(i.e. 5.0 mg)		☐ Echo Without Doppler Complete to be done at bedside Stat						
		☐ Stat Fluid Ch	at Fluid Challenge (RN)					
MUST USE the following abbreviation:		**** End of Se	vere Sepsis / Septic Sho	ck Orderset – 6 Hour Bu	ndle ****			
Leading zero before a less than whole number (i.e. 0.5 mg)								
				Time Order Scan	ned:			
Physician Signature	:		Name (Print):	Date/Time:	Pager:			
Nurse Signature: _			Name (Print):	Date/Time:				
US Signature:			Name (Print):	Date/Time:				

HUI HOWARD UNIVERSITY HOSPITAL SEVERE SEPSIS / SEPTIC SHOCK

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ORDER SET