



SEPTIC SHOCK ORDERS

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IMPRINT PATIENT PLATE WITHIN THIS BOX

FAX ORDERS TO PHARMACY ASAP

AFTER INITIAL SHOCK ORDERS

Maintain goals of:

SaO₂ > 92% and decrease work of breathing

MAP ≥ to 70

U/O ≥ ½ mL/kg/hour

Good peripheral perfusion (capillary refill < 3 seconds)

ScvO₂ ≥ to 70; mixed SvO₂ ≥ 60

CI ≥ 3.0; SVO₂/ScvO₂ trumps CI

- If MAP remains < 70: Continue fluid challenge and:
Start norepinephrine (Levophed) at initial rate of 0.05mcg/kg/minute & titrate to effect.
Add dobutamine at 2mcg/kg/minute when MAP ≥ 70 for gut perfusion

- Pan culture prior to antibiotic administration (sputum, blood cultures x 2, draining wound, line)

Activated Protein C (Xigris) 24 mcg/kg/hour x 96 hours (Xigris order set must be completed)

- Start antibiotics based on suspected source of infection.
Give first dosages of each ordered medication **"STAT"**

Community Acquired Pneumonia

Generic for Avelox 400 mg IVPB/day + Ceftriaxone 1 gm IVPB/day & consider

Oseltamivir (Tamiflu) 75 mg PO BID X 5 days

Hospital-Acquired Pneumonia

Piperacillin/Tazobactam (Zosyn) 3.375GM IVPB Q6H +

*Tobramycin 5 mg/kg IV x 1 & check 10 hour level Vanco

Abdominal Infection, Peritonitis, or Rectal Abscess

Piperacillin/Tazobactam (Zosyn) 3.375GM IVPB Q6H +

*Gentamycin 5 mg/kg IVPB x 1 & check 10 hour level

Liposomal amphotericin B (Ambisome) 3 mg/kg IV over 2 hours Daily

Metronidazole (Flagyl) 500 mg IVPB Q6H

Urinary Tract Infection (UTI)

Piperacillin/Tazobactam (Zosyn) 3.375 GM IVPB Q6H

*Gentamicin 5 mg/kg IVPB x 1 & check 10 hour level (add for hospital-acquired urosepsis)

Skin Cellulitis or Abscess

Nafcillin 2 gm IVPB x 1 then start continuous infusion of 12 GM/24 hours

& Clindamycin 600mg IVPB Q6H

MD Signature:

Date:

Time:

Unit Clerk:

Date:

Time:

Noted by RN:

Date:

Time:

