THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 **PHYSICIAN'S ORDER FORM**	**PATIENT LABEL**	Room

DATE & TIME	#	ORDERS **ADULT SEVERE SEPSIS/ SEPTIC SHOCK ORDER SET**
	1.	Admit to an Intensive Care Unit with SEVERE SEPSIS/ SEPTIC SHOCK Admit to Unit _____
	2.	Attending Physician: Pager: Resident Physician: Pager:
	3.	Allergies: Patient weight _____kg estimated/actual
	4.	Blood cultures drawn X2 from two separate sites **NOW** prior to antibiotics, if possible. **Do not delay antibiotics**. Additional cultures: [ ] Sputum [ ] Urine [ ] CSF [ ] Stool [ ] Wound (site) _____
	5.	Antibiotics – please use the "Adult Antibiotic Order Form"
	6.	Labs : Now unless ordered within the last 12 hours
		[ ] PT/aPTT/FIB & D-Dimer for DIC STAT and every _____ hrs
		[ ] Chem 7 STAT and every _____ hours [ ] Chem 12 every _____ hours
		[ ] Lactate STAT and every 4 hrs until normal (≤ 2 mmol/L) [ ] Amylase/Lipase
		[ ] CBC/ diff STAT and every _____ hours [ ] CRP
		[ ] Urinalysis [ ] Prealbumin
		[ ] Type and Screen for Blood OR [ ] Type and Crossmatch for ____ units pRBC [ ] Random cortisol level STAT
	7.	Chest X-ray – portable Reason for exam:
		EARLY GOAL DIRECTED THERAPY (within 6 hours of diagnosis) The following goals should be achieved with Early Goal Directed Therapy • CVP 8-12 mmHg • Mean arterial pressure (MAP) 65 mmHg • SBP 90 mmHg • ScvO2 ≥ 70% • UOP greater than 0.5mL/kg/hr
	8.	Central line or pulmonary artery catheter placement for measurement of central venous pressure (CVP) and central venous oxygen saturation (ScvO2) monitoring.
	9.	OPTIMIZATION OF CVP a. Check CVP. b. If CVP is less than 8 mmHg, administer 500 mL NS over 10 minutes. c. Recheck CVP every 15 minutes and repeat 500mL NS until CVP is 8-12 mmHg. d. When target goal CVP of 8-12 mmHg is achieved, continue NS at 150mL/hr to maintain CVP of 8-12 mmHg. e. When CVP in target range of 8-12 mmHg, continue to OPTIMIZATION OF MAP [ ] Albumin 5%, 250mL for CVP < 4 mmHg

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	10.	OPTIMIZATION OF MAP (mean arterial pressure) a. Check or calculate MAP (MAP = [2 X DBP] + SBP/ 3) b. If MAP is less than 65 mmHg, give vasopressor of choice to maintain a MAP ≥ 65 mmHg. [ ] Norepinephrine _____ mcg/min (range 2-30 mcg/min) [ ] Vasopressin _____ units/min (range 0.01-0.06 units/min) [ ] Epinephrine _____mcg/min (range 2-10 mcg/min) c. When goal MAP of ≥ 65 mmHg is achieved, continue to OPTIMIZATION OF ScvO2.
	11.	OPTIMIZATION OF ScvO2 (Mixed central venous O2 sat) a. Check ScvO2. b. If ScvO2 is less than 70% and Hbg is less than 10 grams, transfuse _____ units packed red blood cells until Hbg is ≥ 10 grams and recheck ScvO2. c. Dobutamine 2.5mcg/kg/min infuse, if ScvO2 is less than 70% and Hbg is ≥ 10 grams, increase every 30 minutes until ScvO2 is at least 70%. Maximum dose of dobutamine not to exceed 20 mcg/kg/min. (Usual dose 2.5-10 mcg/kg/min) d. If ScvO2 is ≥ 70%, early goal directed therapy is complete. *** REASSESS EACH STEP EVERY 30 MINUTES TO MAINTAIN OPTIMIZATION GOALS.***
	12.	Ventilation – follow "Acute Lung Injury Protocol" if mechanically ventilated.
	13	Steroids: (select all that all applicable) [ ] Hydrocortisone IV 100mg every 8 hours once cortisol level is drawn. **(Cortisol level must be ordered)** (If cortisol level is greater than 25mcg/dL, please write a separate order on the physician order sheet to discontinue IV hydrocortisone **and make a note of the cortisol level after you order**.) [ ] Continue hydrocortisone for 7 days at the above dose OR [ ] Discontinue hydrocortisone when the patient no longer has a vasopressor requirement. [ ] Fludrocortisone 0.05mg daily PO/NG along with IV hydrocortisone. **Reason not given:** [ ] Patient not on vasopressors [ ] MAP, CVP, Scvo2 (Svo2) goals met [ ] Cortisol level within normal limits [ ] Other (please list reason):
	14.	Once Early Goal Directed Therapy goals are achieved, recheck lactate every 4 hours until normal. (≤ 2 mmol/L).
	15.	Use the "Critical Care Intensive IV Insulin Infusion Protocol" order set for tight glucose control.
	16.	Initiate ICU based admission order sets for DVT and Stress Ulcer Prophylaxis.
	17.	Notify physician if: a. CVP < 8 or > 15 mmHg b. ScvO2 < 70% c. Hemoglobin < 10g/dL d. If lactate is > 2 mmol/L e. If oxygen saturation < 88% or inspiratory plateau > 30 cm H_2O (on mechanical ventilation)

Physician Signature: _____ Pager: _____

THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 **PHYSICIAN'S ORDER FORM**	**PATIENT LABEL**	Room

DATE & TIME	#	ORDERS **ACTIVATED PROTEIN C / DROTRECOGIN ALFA (XIGRIS®) ORDER FORM**
		*****CRITICAL CARE CONSULT REQUIRED FOR USE*****
		If you are NOT prescribing drotrecogin alpha please skip to number 24.
	18.	**Drotrecogin alfa is available for patients who meet the following criteria:** a. Systemic Inflammatory Response Syndrome Criteria – **Patient must have THREE of the following:** ☐ Temperature • 38° C or • 36° C (Pediatrics: • 38.5° C or • 36° C) ☐ Heart rate • 90 beats per minute (Pediatrics: HR • 90th percentile for age) ☐ Respiratory rate • 20 breaths per minute, or $PaCO_2$ • 32mmHg, or on mechanical ventilation for an acute process (Pediatrics: R • 90th percentile for age or $PaCO^2$ • 32mmHg) ☐ WBC count • 12,000 or • 4,000/mm^3, or > 10% immature neutrophils b. Organ Dysfunction Criteria – **Patient must have at least ONE of the following:** ☐ Cardiovascular (Arterial SBP of • 90mmHg or a MAP • 70mmHg for at least 1 hour, despite adequate fluid resuscitation or adequate intravascular volume status or the need for vasopressors to maintain SBP • 90mmHg or MAP • 70mmHg) (Pediatrics: SBP < 10th percentile for age) ☐ Renal (Urine output < 0.5 mL/kg/hour for 1 hour, despite adequate fluid resuscitation) (Pediatrics: Urine output < 1 mL/kg/hour if < 30 kg; Urine output < 30 mL/hour if > 30 kg) ☐ Respiratory (PaO_2/FiO_2 • 250, or • 200 if the lung was the sole organ meeting the dysfunction criteria) ☐ Hematological (Platelet count of < 80,000/mm^3 or a 50% decrease in the platelet count from the highest value recorded over the previous 3 days) ☐ Unexplained Metabolic Acidosis (pH • 7.3 or base deficit • 5.0 mmol/L and a plasma lactate level > 30 mg/dL)
	19.	**Relative contraindications to drotrecogin alfa use include:** • Active internal bleeding, recent (within 3 months) hemorrhagic stroke, recent intracranial or intraspinal surgery, recent severe head trauma, trauma patients with increased risk of life-threatening bleeding, patients with an epidural catheter, patients with intracranial neoplasm, hypersensitivity to drotrecogin.
	20.	**Warnings:** • During Phase III study, incidence of serious bleeding was higher in the treatment group than placebo group; use with caution in patients with an identifiable predisposition to bleeding
	21.	**If patient meets the inclusion criteria listed above (within the previous 24 hours), proceed to 'Medication Order'**
		Medication Order (check box to order) Name of critical care attending/fellow authorizing use _____
		☐ Drotrecogin alfa 24 mcg/kg/hour continuous IV infusion x 96 hours **(maximum dose = 3240 mcg/hour)**
	22.	**A new order must be written (on Standard Physician Order Form) to continue beyond 96 hours**
	23.	**Hold infusion for 1 hour before and after any percutaneous procedure; hold for 1 hour before and 12 hours after major surgery**
	24.	**Reason for not giving drotrecogin alpha:** ☐ Active internal bleeding ☐ Hemorrhagic shock ☐ Recent intracranial bleeding or intraspinal surgery ☐ Recent severe head trauma ☐ Patient has an increased risk of life threatening bleeding ☐ Patient has an epidural catheter ☐ Patient has an intracranial neoplasm ☐ Hypersensitivity to drotrecogin alpha ☐ Other (please list reason):

Physician Signature: _____ Pager: _____