

**PEDIATRIC ACUTE SEPSIS:
PHYSICIAN'S ORDERS**

ORDERS: **Must** include physician's signature and ID#
STAT ORDERS **MUST** BE COMMUNICATED TO NURSE

Trans.
Initials/ID#

PHYSICIAN REMINDER: SUGGESTED ANTIBIOTIC REGIMENS ON BACK

Note: These orders are for use in the treatment of acute pediatric sepsis only, NOT FOR RULE-OUT sepsis.

VITAL SIGNS:

Vital signs every _____ Patient weight: _____ kg

DIET:

NPO Neutropenic Other:

NURSING ORDERS:

<input type="checkbox"/> O ₂ sats now <input type="checkbox"/> completed	<input type="checkbox"/> Strict I/O
<input type="checkbox"/> Insert 1-2 peripheral IVs (as large as possible)	<input type="checkbox"/> Insert indwelling urinary catheter
<input type="checkbox"/> Pulse oximetry continuous per protocol	<input type="checkbox"/> Urinary Straight catheterization
<input type="checkbox"/> Oxygen via _____ at _____	<input type="checkbox"/> Access central line if available

Monitor blood glucose now and every _____ hrs **Notify MD for serum glucose > 150 or known diabetic**

Hypoglycemic treatment for d-stick or glucose < 50:

Dextrose 10% in Water _____ kg X 2 mL/kg = _____ mL IV push X 1 and repeat blood glucose in 30 min

IV FLUIDS: REMINDER: For patients meeting severe sepsis parameters place central line within 4 hours. Maintain CVP ≥ 8 in patients with central line. Consider colloids/crystalloids 20 mL/kg bolus over 5 – 10 minutes.

Lactated Ringers 20 mL/kg X _____ kg = _____ mL. Infuse _____ mL over 30 minutes

Sodium Chloride 0.9% 20 mL/kg X _____ kg = _____ mL. Infuse _____ mL over 30 minutes

For PICU only:

Document Mean Arterial Pressures (MAP) every hour
 Continuous Central Venous Pressure (CVP) monitoring after central line placement: Document every hour
 Central venous O₂ (Venous Blood Gas) every _____: For patients with central line placement

LABORATORY:

<input type="checkbox"/> Lactate serum (arterial for patients < 10 years and without a central line)	<input type="checkbox"/> ABG	<input type="checkbox"/> VBG: for central line only
<input type="checkbox"/> Central line culture all ports	<input type="checkbox"/> CBC	<input type="checkbox"/> Chest X-ray
<input type="checkbox"/> Blood culture x 1	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Abdominal X-Ray
<input type="checkbox"/> CSF culture, protein, cell count, glucose, gram stain, viral culture (Consider Herpes PCR)	<input type="checkbox"/> Trach culture	<input type="checkbox"/> Urine culture x 1

MEDICATIONS:

Adjust medication frequency for patients with renal insufficiency

Famotidine not indicated
 Famotidine _____ kg X 0.4 mg/kg (up to 20 mg) = _____ mg IVPB every _____ hours
 Famotidine _____ kg X 1 mg/kg (up to 20 mg) = _____ mg PO every _____ hours

Acetaminophen _____ kg X 15 mg/kg = _____ mg _____ Q 4 hrs (no PR in neutropenic pts)

MD/LIP/NP Signature: _____ **ID#** _____ **Date:** _____ **Time:** _____

Nurse Signature: _____ **ID#** _____ **Date:** _____ **Time:** _____

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The following are suggested antibiotic regimens for acute sepsis. For other sources or suspected sources not listed below or patients allergic to these medications, page Pediatric ID Department.

Sepsis Source:	Recommended Antibiotic Regimen
PATIENTS < 1 MONTH OF AGE	
Unclear source Meningitis	Ampicillin AND CefoTAXime Ampicillin AND CefoTAXime AND Vancomycin
PATIENTS > 1 MONTH OF AGE	
Sepsis +/- Meningitis	Vancomycin AND CefTRIAXone
Acute respiratory failure	Vancomycin AND CefTRIAXone
Abdominal focus	Piperacillin-tazobactam ADD Vancomycin if critically ill
Suspected toxic shock	Vancomycin AND Clindamycin AND CefTRIAXone
Acute encephalitis	Acyclovir in addition to treatment for meningitis
Patients with underlying oncological issues	CefePIME AND Vancomycin
Acute respiratory failure in chronic vented patients	Piperacillin-tazobactam AND Vancomycin
Antibacterial Agents: Administer within 1 hour of presumptive diagnosis of sepsis. Blood cultures should be drawn prior to administration of first dose. NOTE: Complete Pediatric Antimicrobial Form for subsequent doses. Consider Pediatric ID Consult	
<input type="checkbox"/> CefoTAXime _____ kg X 50 mg/kg/dose = _____ mg IV STAT X 1 (Max. dose: 2 gms) Meningitic dose: <input type="checkbox"/> CefoTAXime _____ kg X 80 mg/kg/dose = _____ mg IV STAT X 1 (Max. dose: 2 gms)	
<input type="checkbox"/> Ampicillin _____ kg X 50 mg/kg/dose = _____ mg IV STAT X 1 (Max. dose: 2 gms) Meningitic dose: <input type="checkbox"/> Ampicillin _____ kg X 100 mg/kg/dose = _____ mg IV STAT X 1 (Max. dose: 2 gms)	
<input type="checkbox"/> CefePIME _____ kg X 50 mg/kg/dose = _____ mg IV STAT X 1 (Max. dose: 2 gms)	
<input type="checkbox"/> Vancomycin _____ kg X 10 mg/kg/dose = _____ mg IV STAT X 1 (Max. dose: 1 gm)	
<input type="checkbox"/> Clindamycin _____ kg X 10 mg/kg/dose = _____ mg IV STAT X 1 (Max. dose: 900 mg)	
Note: For Ceftriaxone, IV is preferable to IM in most cases (Max.dose: 2 gms) <input type="checkbox"/> CefTRIAXone _____ kg X 50 mg/kg/dose = _____ mg _____ STAT X 1 Meningitic dose: <input type="checkbox"/> CefTRIAXone _____ kg X 100 mg/kg/dose = _____ mg _____ STAT X 1	
Dose based on the piperacillin component (Max. dose: 4 gms) Consider dose reduction for patients with renal insufficiency <input type="checkbox"/> Piperacillin-tazobactam _____ kg X 80 mg/kg/dose = _____ mg IV STAT X 1	
<input type="checkbox"/> Acyclovir _____ kg X 10 mg/kg/dose = _____ mg IV STAT X 1 (Max. dose: 1 gm) ≥12 yrs	
<input type="checkbox"/> Acyclovir _____ kg X 20 mg/kg/dose = _____ mg IV STAT X 1 (Max. dose: 1 gm) < 12 yrs	
MD/LIP/NP Signature:	ID# Date: Time:
Nurse Signature:	ID# Date: Time:

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STEROIDS: Consider for catecholamine refractory shock and patients on chronic steroid therapy	
<input type="checkbox"/> Hydrocortisone _____ kg X 50 mg/m ² = _____ IV push (over 1 minute) Q 6 hours	
VASOPRESSORS (PICU ONLY):	
<input type="checkbox"/> DOPamine (800 mg in 500 mL D5W) IV infusion. Start at _____ mcg/kg/min and titrate to keep MAP ≥ _____ mmHg to a max rate of _____ mcg/kg/min	
<input type="checkbox"/> DoBUTamine (500 mg in 250 mL D5W) IV infusion. Start at _____ mcg/kg/min and titrate to (parameters: _____) to a max rate of _____ mcg/kg/min	
<input type="checkbox"/> Epinephrine (4 mg/250 mL D5W) IV infusion. Start at _____ mcg/kg/min and titrate to keep MAP ≥ _____ mmHg to a max rate of _____ mcg/kg/min	
<input type="checkbox"/> Norepinephrine (LEVOPHED) (4 mg in 250 mL D5W) IV infusion. Start at _____ mcg/kg/min, titrate to keep MAP ≥ _____ mmHg to a max rate of _____ mcg/kg/min	
For PICU ONLY: <input type="checkbox"/> Drotrecogin Alfa (XIGRIS) (24 micrograms/kg/hour) infusion X 96 hours (Pharmacy will send XIGRIS package, which requires an attending's signature before dispensing.) <input type="checkbox"/> Drotrecogin Alfa not indicated , because patient is less than 18 years of age.	
RESPIRATORY: Reminder: Maintain Inspiratory plateau pressures < 30 cmH2O	
Reminder: All ventilator orders should be placed in Cerner/Powerchart	
ADDITIONAL ORDERS:	
MD/LIP/NP Signature:	ID#: _____ Date: _____ Time: _____
Nurse's Signature:	ID#: _____ Date: _____ Time: _____

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RESUSCITATION OF PEDIATRIC SEPTIC SHOCK

