Physician Orders PEDIATRIC: PED ED Sepsis Plan

PED ED Triage Orders Sepsis Phase
Non Categorized
Criteria: Step 1.---Any three criteria or low BP and one other move to step 2. Criteria are based on vital signs (Temp, heart rate, respiratory rate, blood pressure) and also skin appearance, cap refill, and mental status. Step 2.---If step one positive, if the patient has asthma, trauma, DKA, bronchiolitis---things that can make step 1 abnormal but not septic then stop. If the patient does NOT have one of these, move on to step 3. In the form this section is labeled "Peds Exclusion Diagnoses" Step 3.---If has co-morbid conditions (central line, immunosuppression, sickle cell, transplant history etc) or if child looks ill, then has a positive screen and RN to contact MD. In the form this section is labeled "Peds Infection Screen"(NOTE)*

Patient Care
☑️ INT Insert/Site Care
Stat, q2h(std), If no IV access available

Respiratory Care
☑️ Oxygen-Nasal Cannula
Routine, Special Instructions: Titrate to keep O2 Sat => 92%. Wean to room air.
☑️ ISTAT Blood Gases (RT Collect)
☐ Stat once, Preferred Specimen Type: Venous, Special Instructions: Test: Lactate, CG4 (DEF)*
☐ Stat once, Preferred Specimen Type: Capillary, Special Instructions: Test: Lactate
☐ Stat once, Special Instructions: Test: ABG, Lactate, CG4

PED ED Sepsis Phase
Patient Care
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Continuous Infusion
☐ NS Bolus
20 mL/kg, Injection, IV, once, STAT, ( infusion over 15 min )
☐ NS Bolus
20 mL/kg, Injection, IV, once, STAT, ( infusion over 30 min )
☐ NS Bolus
20 mL/kg, Injection, IV, N/A, Routine, (for 2 dose ), ( infusion over 15 min ), Confirm need for additional doses with MD/LIP prior to administration.
☐ NS Bolus
20 mL/kg, Injection, IV, N/A, Routine, (for 2 dose ), ( infusion over 30 min ), Confirm need for additional
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doses with MD/LIP prior to administration.

Medications
Empiric Treatment for Bloodstream Infections (reassess within 48 hours)(NOTE)*

☐ vancomycin
   15 mg/kg, Ped Injectable, IV Piggyback, once, STAT, Max dose: 1 gram
   LESS THAN 5 days hospitalization AND low risk for Multi-Drug Resistant Organisms(NOTE)*

☐ cefotaxime
   50 mg/kg, Injection, IV, once, STAT, Max dose: 1 gram

☐ cefTRIAXone
   100 mg/kg, Injection, IV, once, STAT, Max dose: 2 grams
   GREATER THAN OR EQUAL TO 5 days hospitalization OR high risk for Multi-Drug Resistant
   Organisms(NOTE)*

☐ cefTAZidime
   50 mg/kg, Injection, IV, once, STAT, Max dose: 2 grams
   Suspected intra-abdominal focus of infection(NOTE)*

☐ meropenem
   20 mg/kg, Injection, IV, once, STAT, Max dose: 1 gram

Laboratory

☐ Blood Culture
   □ STAT, T;N, q5min x 2 occurrence, Specimen Source: Peripheral Blood, Nurse Collect (DEF)*
   □ STAT, T;N, q5min x 2 occurrence, Specimen Source: Line, Central, Nurse Collect

☐ CBC with Diff
   STAT, T;N, once, Type: Blood, Nurse Collect

☐ CRP
   STAT, T;N, once, Type: Blood, Nurse Collect

☐ C-Reactive Protein
   STAT, T;N, once, Type: Blood, Nurse Collect

☐ CMP
   STAT, T;N, once, Type: Blood, Nurse Collect

☐ APTT
   STAT, T;N, once, Type: Blood, Nurse Collect

☐ PT/INR
   STAT, T;N, once, Type: Blood, Nurse Collect

☐ Lactate Level
   STAT, T;N, once, Type: Blood, Nurse Collect

☐ Urinalysis w/Reflex Microscopic Exam
   □ STAT, T;N, once, Type: Urine, Nurse Collect (DEF)*
   □ STAT, T;N, once, Type: Urine, Catheterized, Nurse Collect

☐ Urine Culture
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- STAT, T;N, Specimen Source: Urine, Nurse Collect (DEF)*
- STAT, T;N, Specimen Source: Urine, Catheterized, Nurse Collect
- STAT, T;N, Specimen Source: Urine, Clean Catch, Nurse Collect
- CSF Culture and Gram Stain
  - STAT, T;N, Specimen Source: Cerebrospinal Fluid(CSF), Nurse Collect
- CSF Cell Count & Diff
  - STAT, T;N, once, Type: CSF, Nurse Collect
- CSF Profile
  - STAT, T;N, once, Type: CSF, Nurse Collect
- CSF Glucose
  - STAT, T;N, once, Type: CSF, Nurse Collect
- CSF Protein
  - STAT, T;N, once, Type: CSF, Nurse Collect
- Hold Specimen
  - STAT, T;N, once, Type: CSF, Nurse Collect

Diagnostic Tests
- Chest 1VW Frontal
  - T;N, Stat, Portable
- Chest 2VW Frontal & Lat
  - T;N, Stat, Portable

Date ___________________ Time ___________________ Physician’s Signature ___________________ MD Number ___________________

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R - Required order