

For more information, please contact Leah Meyer, SSM Health System  
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**ED SEPSIS ORDERS (IP-STL) [1605]**

- CMS Sepsis Core Measure requirements included in Order Set:
- Crystalloid bolus: > 30 ml/kg NS or LR, initiated within 3 hrs.
  - Note: \*Patient must be monitored for "persistent hypotension" during 60 min immediately following bolus\*
  - Vasopressors: Initiated within 6 hrs for persistent hypotension. Choose from selection in Order Set.
  - Blood cultures: Specimen(s) collected prior to initial dose IV antibiotic(s) and within 3 hrs
  - Broad spectrum IV antibiotics: Use paneled orders below, first dose(s) given within 3 hrs
  - Lactic acid: Initial specimen collected within 3 hrs. If initial level > 2 must have repeat lactic acid collected within 6 hrs

**ASSESSMENT**

Patient Weight (Single Response)

LAST DOCUMENTED WEIGHT	Details
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Orders

<input checked="" type="checkbox"/> CARDIAC MONITORING	STAT, CONTINUOUS
<input type="checkbox"/> INTAKE AND OUTPUT	Routine, EVERY HOUR
<input type="checkbox"/> NOTIFY PHYSICIAN IF...	Temp greater than: 100.9 Temp less than: 96.5 Heart rate greater than: 90 Heart rate less than: 50 SBP greater than: 170 SBP less than: 90 Resp greater than: 20 Resp less than: 12 MAP greater than: MAP less than: 65 If: patient on hemodialysis .. Monitor closely and notify physician for persistent hypotension during initial 60 minutes after crystalloid 30 ml/kg bolus stop time. (hypotension = SBP <90 or MAP <65 or decrease in SBP by more than 40 from last SBP considered normal for patient)
<input type="checkbox"/> ED CONTINUOUS PULSE OX	Details

**DIAGNOSTICS**

Orders (DPHC)

<input checked="" type="checkbox"/> BEDSIDE GLUCOSE	STAT, ONCE For 1 Occurrences
<input checked="" type="checkbox"/> BLOOD GAS ART + LYTES NOTIFICATION	RT STAT, ONCE For 1 Occurrences
<input checked="" type="checkbox"/> BLOOD GAS MIXED NOTIFICATION	RT STAT, ONCE For 1 Occurrences
<input checked="" type="checkbox"/> BLOOD GAS NOTIFICATION	RT STAT, ONCE For 1 Occurrences, For Blood Gases - notify RT
<input checked="" type="checkbox"/> BLOOD GAS VENOUS NOTIFICATION	RT STAT, ONCE For 1 Occurrences
<input checked="" type="checkbox"/> CBC W AUTO DIFFERENTIAL	STAT, ONCE For 1 Occurrences
<input checked="" type="checkbox"/> CBC W MANUAL DIFFERENTIAL	STAT, ONCE For 1 Occurrences
<input checked="" type="checkbox"/> CK BLOOD	STAT, ONCE For 1 Occurrences
<input checked="" type="checkbox"/> CKMB	STAT, ONCE For 1 Occurrences
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL	STAT, ONCE For 1 Occurrences
<input checked="" type="checkbox"/> CULTURE BLOOD	STAT, BLOOD CULTURE X 2 For 2 Occurrences, ** MUST BE DONE PRIOR TO ADMINISTRATION OF IV ANTIBIOTICS ** Obtain cultures from separate peripheral sites.
<input checked="" type="checkbox"/> CULTURE SPUTUM+GRAM STAIN	STAT, ONCE For 1 Occurrences
<input checked="" type="checkbox"/> CULTURE WOUND+GRAM STAIN	Timed, ONCE For 1 Occurrences

<input type="checkbox"/> INFLUENZA A+B ANTIGEN RAPID	STAT, ONCE For 1 Occurrences
<input type="checkbox"/> LACTIC ACID ORDERS (DPHC/SCHC)	"And" Linked Panel
<input type="checkbox"/> LACTATE VEN POC NOTIFICATION	RT STAT, ONCE For 1 Occurrences
<input type="checkbox"/> LACTIC ACID BLOOD	Timed, EVERY 2 HOURS START H+2 (LAB) For 1 Occurrences
<input type="checkbox"/> PT-INR	STAT, ONCE For 1 Occurrences
<input type="checkbox"/> PTT	STAT, ONCE For 1 Occurrences
<input type="checkbox"/> TROPONIN I ORDERS	
<input type="checkbox"/> TROPONIN I	STAT, ONCE For 1 Occurrences
<input type="checkbox"/> TROPONIN I	Timed, EVERY 3 HOURS START H+3 (LAB) For 2 Occurrences
<input type="checkbox"/> URINALYSIS ROUTINE W/REFLEX TO CULTURE	STAT, ONCE For 1 Occurrences
<input type="checkbox"/> EKG 12-LEAD	STAT, ONCE For 1 Occurrences, Give directly to ED physician.
<input type="checkbox"/> XR CHEST PA AND LATERAL	STAT, RAD ONE TIME For 1
<input type="checkbox"/> XR CHEST 1VW PORTABLE	STAT, RAD ONE TIME For 1

**Blood Bank**

<input type="checkbox"/> OBTAIN CONSENT FOR TRANSFUSION	Details
<input type="checkbox"/> TYPE + SCREEN PANEL	STAT, ONCE For 1 Occurrences
<input type="checkbox"/> CROSSMATCH RBC	STAT, ONCE For 1 Occurrences Number of units to prepare: Red Blood Cell unit special need(s):

**TREATMENTS**

**Orders**

<input type="checkbox"/> INSERT AND/OR MAINTAIN FOLEY CATHETER	STAT
<input type="checkbox"/> OXYGEN	Criteria for indwelling urinary catheter: STAT, CONTINUOUS Oxygen Device: NASAL CANNULA FIO2 (%): Liter Flow (L/min): 2 Keep SpO2 GREATER THAN or equal to this %: 92 Keep SPO2 LESS THAN or equal to this %: Does not apply, AS DIRECTED, AS DIRECTED
<input type="checkbox"/> BIPAP	Does not apply, AS DIRECTED, AS DIRECTED
<input type="checkbox"/> CPAP	Does not apply, AS DIRECTED, AS DIRECTED
<input type="checkbox"/> Insert saline lock with flushes	"And" Linked Panel
<input type="checkbox"/> SALINE LOCK, INSERT AND MAINTAIN	Routine, CONTINUOUS
<input type="checkbox"/> 0.9% NaCl injection	3 mL, Intracatheter, EVERY 8 HOURS, EVERY 8 HOURS
<input type="checkbox"/> 0.9% NaCl injection	3 mL, Intracatheter, PRN, Other, peripheral line flush, PRN Flush after each use and blood draws.

**IV FLUIDS**

**IV Fluids/Saline Lock**

Lactated ringers (preferred) or 0.9% NaCl IV bolus 30 ml/kg if patient hypotensive. Second large-bore IV access recommended if bolus required.

<input type="checkbox"/> lactated ringers iv bolus	for 61 Minutes, BOLUS IV, BOLUS IV For 1 Doses .. Monitor closely and notify physician for persistent hypotension during initial 60 minutes after crystalloid 30 ml/kg bolus stop time. (hypotension = SBP <90 or MAP <65 or decrease in SBP by more than 40 from last SBP considered normal for patient)
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<input type="checkbox"/> 0.9% NaCl IV Bolus	for 61 Minutes, BOLUS IV, BOLUS IV For 1 Doses .. Monitor closely and notify physician for persistent hypotension during initial 60 minutes after crystalloid 30 ml/kg bolus stop time. (hypotension = SBP <90 or MAP <65 or decrease in SBP by more than 40 from last SBP considered normal for patient)
<input type="checkbox"/> Insert second large bore IV with flushes	<b>"And" Linked Panel</b>
<input type="checkbox"/> SECOND SALINE LOCK, INSERT AND MAINTAIN	STAT, CONTINUOUS, Insert 2nd IV, large bore (18 gauge or larger)
<input type="checkbox"/> 0.9% NaCl injection	3 mL, Intracatheter, EVERY 8 HOURS, EVERY 8 HOURS
<input type="checkbox"/> 0.9% NaCl injection	3 mL, Intracatheter, PRN, Other, peripheral line flush, PRN
	Flush after each use and blood draws.

**CENTRAL LINE**

Central Line

<input type="checkbox"/> CENTRAL LINE INSERTION ORDERS (DPHC)	<b>"And" Linked Panel</b>
<input type="checkbox"/> OBTAIN CONSENT FOR LINE PLACEMENT	For: Central Line Place patient on which flush? Saline only Nursing to bring Central Line insertion/maintenance kit to bedside, and prepare equipment for CVP monitoring.
<input type="checkbox"/> CENTRAL LINE INSERTION AND CVP SUPPLIES TO BEDSIDE	Routine, EVERY 4 HOURS, Notify physician for CVP < 8.
<input type="checkbox"/> MEASURE CENTRAL VENOUS PRESSURE	RT STAT, ONCE For 1 Occurrences, Obtain venous blood gas from distal port of central line after insertion.
<input type="checkbox"/> BLOOD GAS MIXED VEN POCT	STAT, RAD ONE TIME For 1 , For central line placement verification.
<input type="checkbox"/> XR CHEST 1VW PORTABLE	

**MEDICATIONS**

Vasopressors/Inotropes

Vasopressors: Initiated within 6 hrs if patient has > 2 hypotensive BP readings during 60 min immediately following crystalloid bolus

Hypotension: \*SBP < 90, MAP < 65, or decrease in SBP of > 40\*

<input type="checkbox"/> norepinephrine (LEVOPHED) infusion	2-20 mcg/min, Intravenous, CONTINUOUS, CONTINUOUS Start Levophed if CVP greater than 8 (greater than 12 for mechanical ventilation) but MAP less than 65 mm Hg. Titrate to MAP 65 mm Hg.
<input type="checkbox"/> EPINEPHrine infusion	Intravenous, CONTINUOUS, CONTINUOUS
<input type="checkbox"/> DOPamine infusion	Intravenous, CONTINUOUS, CONTINUOUS
<input type="checkbox"/> phenylephrine (NEO-SYNEPHRINE) infusion	Intravenous, CONTINUOUS, CONTINUOUS
<input type="checkbox"/> vasopressin (PITRESSIN) infusion	0.01-0.04 Units/min, Intravenous, CONTINUOUS, CONTINUOUS Start vassopressin at fixed dose if already on norepinephrine at *** mcg/min and MAP less than 65.

**ANTIBIOTICS - Community Acquired Pneumonia**

Open the Order composer and select "Include Now" for Emergency Department dosing.

OPTION 1: Ceftriaxone + Azithromycin (Single Response)

<input type="radio"/> ceftriaxone IV + azithromycin IV, followed by PO	<b>"And" Linked Panel</b>
<input type="checkbox"/> cefTRIAxone (ROCEPHIN) IVPB	1 g, Intravenous, EVERY 24 HOURS, EVERY 24 HOURS Starting today

- azithromycin (ZITHROMAX) IVPB 500 mg, Intravenous, ONCE, ONCE For 1 Doses, For 1 Doses
- azithromycin (ZITHROMAX) tablet 500 mg, Oral, DAILY, DAILY Starting tomorrow
- ceftriaxone IV + azithromycin IV **"And" Linked Panel**
- cefTRIAxone (ROCEPHIN) IVPB 1 g, Intravenous, EVERY 24 HOURS, EVERY 24 HOURS Starting today
- azithromycin (ZITHROMAX) IVPB 500 mg, Intravenous, EVERY 24 HOURS, EVERY 24 HOURS Starting today

**OPTION 2: Ceftriaxone + Levofloxacin (Single Response)**

- ceftriaxone IV + levofloxacin IV, followed by PO **"And" Linked Panel**
- cefTRIAxone (ROCEPHIN) IVPB 1 g, Intravenous, DAILY, DAILY Starting today with First Dose Include Now
- levofloxacin (LEVAQUIN) IVPB 750 mg, Intravenous, ONCE, ONCE For 1 Doses, For 1 Doses
- levofloxacin (LEVAQUIN) tablet 750 mg, Oral, DAILY, DAILY Starting tomorrow For 4 Doses, For 4 Doses
- ceftriaxone IV + levofloxacin IV **"And" Linked Panel**
- cefTRIAxone (ROCEPHIN) IVPB 1 g, Intravenous, DAILY, DAILY Starting today with First Dose Include Now
- levofloxacin (LEVAQUIN) IVPB 750 mg, Intravenous, DAILY, DAILY Starting today For 5 Doses with First Dose Include Now, For 5 Doses

**OPTION 3: (Beta-Lactam Allergy) Levofloxacin + Aztreonam (Single Response)**

- levofloxacin (LEVAQUIN) IV, followed by PO + aztreonam (AZACTAM) IV
- levofloxacin (LEVAQUIN) IVPB 750 mg, Intravenous, ONCE, ONCE For 1 Doses, For 1 Doses
- levofloxacin (LEVAQUIN) tablet 750 mg, Oral, DAILY, DAILY Starting tomorrow For 4 Doses, For 4 Doses
- aztreonam (AZACTAM) IVPB 1 g, Intravenous, EVERY 6 HOURS, EVERY 6 HOURS Starting today with First Dose Include Now
- levofloxacin (LEVAQUIN) IV + aztreonam (AZACTAM) IV
- levofloxacin (LEVAQUIN) IVPB 750 mg, Intravenous, DAILY, DAILY Starting today For 5 Doses, For 5 Doses
- aztreonam (AZACTAM) IVPB 1 g, Intravenous, EVERY 6 HOURS, EVERY 6 HOURS Starting today with First Dose Include Now

**ANTIBIOTICS - Suspected Gram-Negative (Pseudomonal Risk) Community-Acquired Pneumonia or Healthcare-Associated Pneumonia**

Open the Order composer and select "Include Now" for Emergency Department dosing.

**OPTION 1: Piperacillin/Tazobactam (ZOSYN) + levofloxacin (LEVAQUIN) +/- Vancomycin (Single Response)**

- piperacillin/tazo (ZOSYN) IV + levofloxacin (LEVAQUIN) IV **"And" Linked Panel**
- piperacillin-tazobactam (ZOSYN) IVPB 4.5 g, Intravenous, EVERY 6 HOURS, EVERY 6 HOURS
- levofloxacin (LEVAQUIN) IVPB 750 mg, Intravenous, EVERY 24 HOURS, EVERY 24 HOURS
- piperacillin/tazobactam (ZOSYN) IVPB + levofloxacin (LEVAQUIN) IVPB + vancomycin pharmacy to dose (if MRSA suspected) **"And" Linked Panel**

<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) IVPB	4.5 g, Intravenous, EVERY 6 HOURS, EVERY 6 HOURS
<input type="checkbox"/> levofloxacin (LEVAQUIN) IVPB	750 mg, Intravenous, DAILY, DAILY Starting today
<input type="checkbox"/> vancomycin (VANCOCIN) IV dose per pharmacy	Does not apply, AS DIRECTED, AS DIRECTED Indication: {Please choose indication:24846}
<p>All patients with goal troughs of 15-20 mcg/ml will receive a loading dose. For goal troughs of 10-20 mcg/ml the loading dose will be optional.</p> <p>Pharmacy will write all orders for Vancomycin including dosages and when to draw levels. (IF DOSE IS DELAYED, CALL PHARMACY TO ADJUST TIMES. DO NOT GO BACK TO ORIGINAL SCHEDULE)</p>	

**OPTION 2: (Beta-Lactam Allergy) Levofloxacin + Aztreonam +/- Tobramycin +/- Vancomycin. Add Clindamycin if aspiration is suspected.**

<input type="checkbox"/> levofloxacin (LEVAQUIN) IV + aztreonam (AZACTAM) IV	
<input type="checkbox"/> levofloxacin (LEVAQUIN) IVPB	750 mg, Intravenous, DAILY, DAILY Starting today
<input type="checkbox"/> aztreonam (AZACTAM) IVPB	1 g, Intravenous, EVERY 6 HOURS, EVERY 6 HOURS Starting today with First Dose Include Now
<input type="checkbox"/> tobramycin (NEBCIN) IV dose per pharmacy (may be added to the above antibiotic regimen)	Intravenous, AS DIRECTED, AS DIRECTED
<input type="checkbox"/> vancomycin IV - pharmacy to dose (add to above antibiotic regimen if MRSA suspected)	Does not apply, AS DIRECTED, AS DIRECTED Indication: {Please choose indication:24846}
<p>All patients with goal troughs of 15-20 mcg/ml will receive a loading dose. For goal troughs of 10-20 mcg/ml the loading dose will be optional.</p> <p>Pharmacy will write all orders for Vancomycin including dosages and when to draw levels. (IF DOSE IS DELAYED, CALL PHARMACY TO ADJUST TIMES. DO NOT GO BACK TO ORIGINAL SCHEDULE)</p>	
<input type="checkbox"/> clindamycin (CLEOCIN) IVPB - (add to above antibiotic regimen if aspiration suspected)	900 mg, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS Starting today with First Dose Include Now

**ANTIBIOTICS - Intra-Abdominal Infection**

Open the Order composer and select "Include Now" for Emergency Department dosing.

**Antibiotics (Single Response)**

<input type="radio"/> piperacillin-tazobactam (ZOSYN) IVPB	4.5 g, Intravenous, EVERY 6 HOURS, EVERY 6 HOURS
<input type="radio"/> piperacillin/tazobactam (ZOSYN) IV + tobramycin per pharmacy + vancomycin per pharmacy	"And" Linked Panel
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) IVPB	4.5 g, Intravenous, EVERY 6 HOURS, EVERY 6 HOURS
<input type="checkbox"/> tobramycin (NEBCIN) IV dose per pharmacy	Intravenous, AS DIRECTED, AS DIRECTED

<input type="checkbox"/> vancomycin (VANCOCIN) IV dose per pharmacy	Does not apply, AS DIRECTED, AS DIRECTED Indication: {Please choose indication:24846}
All patients with goal troughs of 15-20 mcg/ml will receive a loading dose. For goal troughs of 10-20 mcg/ml the loading dose will be optional.	
Pharmacy will write all orders for Vancomycin including dosages and when to draw levels. (IF DOSE IS DELAYED, CALL PHARMACY TO ADJUST TIMES. DO NOT GO BACK TO ORIGINAL SCHEDULE)	
<input type="radio"/> cefepime (MAXIPIME) IV + metronidazole (FLAGYL) IV	<input type="checkbox"/> ceFEPIme (MAXIPIME) IVPB 1 g, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS <input type="checkbox"/> metronidazole (FLAGYL) IVPB 500 mg, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS
<input type="radio"/> cefepime (MAXIPIME) IV + metronidazole (FLAGYL) IV + vancomycin per pharmacy	<b>"And" Linked Panel</b>
<input type="checkbox"/> ceFEPIme (MAXIPIME) IVPB <input type="checkbox"/> metronidazole (FLAGYL) IVPB <input type="checkbox"/> vancomycin (VANCOCIN) IV dose per pharmacy	1 g, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS 500 mg, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS Does not apply, AS DIRECTED, AS DIRECTED
<input type="radio"/> ciprofloxacin (CIPRO) IV + metronidazole (FLAGYL) IV + vancomycin per pharmacy	<b>"And" Linked Panel</b>
<input type="checkbox"/> ciprofloxacin (CIPRO) IVPB <input type="checkbox"/> metronidazole (FLAGYL) IVPB <input type="checkbox"/> vancomycin (VANCOCIN) IV dose per pharmacy	400 mg, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS 500 mg, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS Does not apply, AS DIRECTED, AS DIRECTED
<input type="radio"/> meropenem (MERREM) IV + tobramycin (NEBCIN) IV - suspected multi-drug resistant organism	<input type="checkbox"/> meropenem (MERREM) IVPB 1 g, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS <input type="checkbox"/> tobramycin (NEBCIN) IV dose per pharmacy Intravenous, AS DIRECTED, AS DIRECTED <input type="checkbox"/> IP CONSULT TO INFECTIOUS DISEASES Routine REASON FOR CONSULT? meropenem use Has consulting physician been notified? No, please notify consulting physician for this consult request

### ANTIBIOTICS - Urinary Tract Infection

Open the Order composer and select "Include Now" for Emergency Department dosing.

#### Antibiotics (Single Response)

<input type="radio"/> piperacillin-tazobactam (ZOSYN) IVPB	4.5 g, Intravenous, EVERY 6 HOURS, EVERY 6 HOURS
<input type="radio"/> cefepime (MAXIPIME) IV + levofloxacin (LEVAQUIN) IV	<b>"And" Linked Panel</b>
<input type="checkbox"/> ceFEPIme (MAXIPIME) IVPB <input type="checkbox"/> levofloxacin (LEVAQUIN) IVPB	1 g, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS 750 mg, Intravenous, DAILY, DAILY
<input type="radio"/> cefepime (MAXIPIME) IV + tobramycin per pharmacy	<b>"And" Linked Panel</b>

<input type="checkbox"/> ceFEPIme (MAXIPIME) IVPB	1 g, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS
<input type="checkbox"/> tobramycin (NEBCIN) IV dose per pharmacy	Intravenous, AS DIRECTED, AS DIRECTED
<input checked="" type="radio"/> levofloxacin (LEVAQUIN) IV + tobramycin per pharmacy	<b>"And" Linked Panel</b>
<input type="checkbox"/> levofloxacin (LEVAQUIN) IVPB	750 mg, Intravenous, DAILY, DAILY
<input type="checkbox"/> tobramycin (NEBCIN) IV dose per pharmacy	Intravenous, AS DIRECTED, AS DIRECTED
<input checked="" type="radio"/> meropenem (MERREM) IV - suspected multi-drug resistant organism	
<input type="checkbox"/> meropenem (MERREM) IVPB	1 g, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS
<input type="checkbox"/> IP CONSULT TO INFECTIOUS DISEASES	Routine REASON FOR CONSULT? meropenem use Has consulting physician been notified? No, please notify consulting physician for this consult request
<input checked="" type="radio"/> meropenem (MERREM) IV + tobramycin (NEBCIN) IV - suspected multi-drug resistant organism	
<input type="checkbox"/> meropenem (MERREM) IVPB	1 g, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS
<input type="checkbox"/> tobramycin (NEBCIN) IV dose per pharmacy	Intravenous, AS DIRECTED, AS DIRECTED
<input type="checkbox"/> IP CONSULT TO INFECTIOUS DISEASES	Routine REASON FOR CONSULT? meropenem use Has consulting physician been notified? No, please notify consulting physician for this consult request

**ANTIBIOTICS - Unknown Origin**

Open the Order composer and select "Include Now" for Emergency Department dosing.

**Antibiotics (Single Response)**

<input checked="" type="radio"/> piperacillin/tazobactam (ZOSYN) IV + vancomycin per pharmacy	<b>"And" Linked Panel</b>
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) IVPB	4.5 g, Intravenous, EVERY 6 HOURS, EVERY 6 HOURS
<input type="checkbox"/> vancomycin (VANCOCIN) IV dose per pharmacy	Does not apply, AS DIRECTED, AS DIRECTED Indication: {Please choose indication:24846}
	All patients with goal troughs of 15-20 mcg/ml will receive a loading dose. For goal troughs of 10-20 mcg/ml the loading dose will be optional.
	Pharmacy will write all orders for Vancomycin including dosages and when to draw levels. (IF DOSE IS DELAYED, CALL PHARMACY TO ADJUST TIMES. DO NOT GO BACK TO ORIGINAL SCHEDULE)
<input checked="" type="radio"/> meropenem (MERREM) IV + vancomycin per pharmacy - suspected multi-drug resistant organism	
<input type="checkbox"/> meropenem (MERREM) IVPB	1 g, Intravenous, EVERY 8 HOURS, EVERY 8 HOURS

vancomycin (VANCOCIN) IV dose per pharmacy

Does not apply, AS DIRECTED, AS DIRECTED  
 Intravenous, AS DIRECTED  
 Indication: {Please choose indication:24846}

All patients with goal troughs of 15-20 mcg/ml will receive a loading dose. For goal troughs of 10-20 mcg/ml the loading dose will be optional.

Pharmacy will write all orders for Vancomycin including dosages and when to draw levels. (IF DOSE IS DELAYED, CALL PHARMACY TO ADJUST TIMES. DO NOT GO BACK TO ORIGINAL SCHEDULE)

IP CONSULT TO INFECTIOUS DISEASES

Routine  
 REASON FOR CONSULT? meropenem use  
 Has consulting physician been notified? No, please notify consulting physician for this consult request

**PATIENT IDENTIFIER**

Sepsis Patient (Single Response)

SEPSIS PATIENT

Do not discontinue this order - used to track patients being treated with Sepsis bundle orders.

**Approval/Review**

Reviewed ED CNG January 2014

Reviewed/Approved