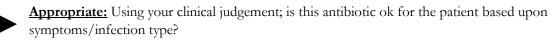
Pharmacy Role in Management of Sepsis

Patient Name/MRN:	
Time code sepsis called:	
Date:	

REMINDER: If any of the following is NO or if it gets close to the time it is due please call RN

		If any of the following are no; notify MD	Yes	No
	✓	Lactate Ordered (2x)		
		First two Included in sepsis order set (2 nd canceled if lactate <2)		
	✓	Blood cultures (2x)		
		Prior to antibiotics		
	✓	Appropriate antibiotics and hung within 1 hour		
		MAX 3 hours		
	✓	Fluids (if hypotensive OR lactate ≥ 4)		
		Hypotensive = MAP <65, SBP<90 or 40+ decrease from baseline		
	✓	Vasopressors (if hypotensive after fluids)		
	✓	Repeat Lactate		
İ		Every 3 hours until <2		
İ		**hand off sheet to next shift to follow if needed		



DOSING FLUIDS:

- If a pt needs bolus of 30 mL/kg, need to be given within 6 hours of severe sepsis diagnosis
 - ✓ Can take into account any other fluids RAN at >125 mL/hr (6 hours prior 3 hours after trigger)
 - √ Can dose upon IBW or Adjusted BW (BMI > 30)
 - Physician must document this appropriately
 - ✓ Can decrease from 30mL/kg in certain pt populations (see table)
 - o Physician must document this appropriately

Ex: 500 mL of NS in ED ran >125 mL/hr \rightarrow IBW/TBW - 500 = BOLUS!

Heart Failure	•	NYHA Class III (symptoms with minimal exertion) NYHA Class IV (symptoms at rest)
Advanced	•	GFR 15 -29
Renal	•	GFR < 15
Disease	•	ESRD