

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) <i>First two Included in sepsis order set (2nd canceled if lactate <2)</i>		
✓ Blood cultures (2x) <i>Prior to antibiotics</i>		
✓ Appropriate antibiotics and hung within 1 hour <i>MAX 3 hours</i>		
✓ Fluids (if hypotensive OR lactate ≥ 4) <i>Hypotensive = MAP <65, SBP <90 or 40+ decrease from baseline</i>		
✓ Vasopressors (if hypotensive after fluids)		
✓ Repeat Lactate <i>Every 3 hours until <2</i> <i>**hand off sheet to next shift to follow if needed</i>		

Appropriate: Using your clinical judgement; is this antibiotic ok for the patient based upon symptoms/infection type?

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)
 - Physician must document this appropriately

Ex: 500 mL of NS in ED ran >125 mL/hr → IBW/TBW – 500 = BOLUS!

Heart Failure	<ul style="list-style-type: none"> • NYHA Class III (<i>symptoms with minimal exertion</i>) • NYHA Class IV (<i>symptoms at rest</i>)
Advanced Renal Disease	<ul style="list-style-type: none"> • GFR 15 -29 • GFR < 15 • ESRD