Health Sciences North
Horizon Santé-Nord

GENERIC - SEPSIS PROTOCOL – ADULT (EGDT) Early Goal Directed Therapy

CODE	INITIALS / POSTED	TIME	ORDER SET: /SEPSISE.SR ✦Patient weight in kilograms: _____ height centimeters:_____ Febrile neutropenia: Please use FEBRILE NEUTROPENIA ORDERS
			SECTION A: EARLY GOAL DIRECTED THERAPY (1 of 3) *** RECOMMENDED COMPLETION TIME 1 HOUR ***
			1. Diet: _____ ❒ NPO ✍ ❒ NG tube ❒ Straight drainage ❒ Intermittent suction
			2. Bedrest with HOB elevated 30 - 45° (BP permitting and no contraindications)
			3. Telemetry/BP/HR/R/T/SaO_2 q ___h(s) and PRN & GCS q ___ h(s) and PRN ✍ ECG monitoring in V1 and Lead II and continuous temperature monitoring if able Intake and Output q1h x 4h then, q4h x 24h ❒ Foley catheter to urometer **TARGETS: SBP greater than 90 mmHg, urine output greater than 0.5 mL/kg/h**
			4. O_2 to keep saturations greater than 92% ❒ Nasal prongs ❒ Venturi mask ❒ Non-rebreather
			5. Diagnostics: (if not already completed within last 12 hours) **<u>STAT</u> Sepsis lab order set /SEPSISE.SR then administer antibiotics** (CBCD, Electrolytes, Glucose, VBG, Urea, Creatinine, lactate now & in 6 hours, LFT, Urinalysis, Blood Cultures x 2) ✍ Other lab work or source cultures (i.e.: PTT/INR, group & screen, alkaline phosphatase, 12 lead ECG, chest x-ray 2 view (portable if patient condition warrants), urine C & S no substitution (if patient immunocompromised), sputum, stool, wounds, drains, CSF) : _____ If Vancomycin ordered, pre-vancomycin level prior to 4th dose (target pre 10-20 microgram/mL) If Gentamycin ordered, pre-gentamycin level prior to 2nd dose (target pre less than 1 mg/litre)
			6. **<u>STAT</u> IV fluid resuscitation** **2 large bore peripheral IV with double/triple extension <u>OR</u> triple lumen central venous catheter** **Bolus until SBP greater than 90 mmHg <u>AND</u> HR less than 100 bpm <u>OR</u> serum lactate less than 4 mmol/L** ✍ IV Normal Saline _____ L (s) bolus over 30-60 mins (recommend 20 mL/kg) Maintenance IV: _____ • If unable to maintain patient's SBP greater than 90 mmHg after 4 litres or • 20 mL/kg fluid given, **consult Intensivist immediately**

DATE: _____ TIME: _____ M.D. Signature: _____

STAKEHOLDER REVIEW & APPROVAL
This section provides evidence that the Head of Depts have reviewed and approved the content

Head of Dept	**Date**
Dr. Rob Lepage, Chief of Emergency Services	14 Nov 2011
Dr. Derek Manchuk, Chief of Critical Care Services	17 Nov 2011
Dr. Roger Sandre, Infectious Disease Specialist	10 Nov 2011