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

C O D E	INITIALS / POSTED	T I M E	SECTION A: EARLY GOAL DIRECTED THERAPY (2 of 3) * RECOMMENDED COMPLETION TIME 1 HOUR *		
			7. **Antibiotic Therapy**		
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			Infection	**Antibiotic**	**Alternate Antibiotic**
			Unknown Source	☐ Piperacillin/Tazobactam 3.375 g IV q6h	☐ Ciprofloxacin 400 mg IV q12h **AND** Clindamycin 900 mg IV q8h **If MRSA suspected** ☐ Vancomycin ____ g IV q __ h (15 mg/kg round to nearest 250 mg)
			Intra-Abdominal	☐ Piperacillin/Tazobactam 3.375 g IV q6h	☐ Ciprofloxacin 400 mg IV q12h **AND** Metronidazole 500 mg IV q12h
			Community Acquired Pneumonia	☐ Ceftriaxone 1 g IV q24h **AND** Azithromycin 500 mg IV q24h	☐ Moxifloxacin 400 mg IV q24h
			Urosepsis	☐ Ampicillin 1g IV q6h **AND** Gentamycin _____ mg IV q 24h (5 mg/kg)	☐ Ceftriaxone 1 g IV q24h **AND** Ciprofloxacin 400 mg IV q12h
			Hospital Acquired Pneumonia	☐ Piperacillin/Tazobactam 3.375 g IV q6h **AND** Ciprofloxacin 400 mg IV q12h	☐ Ceftazidime 2 g IV q8h **AND** Ciprofloxacin 400 mg IV q12h **AND** **If MRSA suspected** ☐ Vancomycin ____ g IV q ____ h (15 mg/kg round to nearest 250 mg)
			Meningitis	☐ Dexamethasone 10 mg IV q6h x 4 days (1st dose prior to antibiotics) ☐ Ceftriaxone 2 g IV q12h **AND** Vancomycin _____ g IV x 1 loading dose (20 mg/kg round to nearest 250 mg), **then** _____ g IV q _____ h (15 mg/kg round to nearest 250 mg) ☐ Ampicillin 2 g IV q4h **(elderly, pregnant, DM, end-stage renal disease, immunocompromised)**	☐ Vancomycin _____ g IV x 1 loading dose (20 mg/kg round to nearest 250 mg), **then** _____ g IV q _____h (15 mg/kg round to nearest 250 mg) **AND** Meropenem 2 g IV q8h
			Necrotizing Fasciitis	☐ Clindamycin 900 mg IV q8h **AND** Penicillin G 4 million units IV q4h	☐ Meropenem 1 g IV q8h
			Cellulitis	☐ Cefazolin 1 g IV q 8h ☐ Piperacillin/Tazobactam 3.375 g IV q6h **(if diabetic or complicated)**	**If MRSA suspected or allergy to Penicillin:** ☐ Vancomycin _____ g IV q __ h (15 mg/kg round to nearest 250 mg)