

NURSING - SEPSIS POSITIVE SCREENING ORDERS

Nursing - Sepsis Positive Screening - C

Patient Status InPatient Observation OutPatient
 Bed Type Acute Care Acute Care Telemetry ICU OB Special Care Pediatrics Hospice
 Admitting Provider or Group _____

Allergies/Sensitivities (include types of reactions) _____
 No Known Allergies Allergies not known upon admission (timely allergy history follow-up required)

Patient Care

- Insert IV *This patient is to have 2 large bore IVs (18 gauge) if not already present - call attending if unable to obtain or use central line if present.*
- Communication to Nurse *Notify provider of POSITIVE screen immediately and to address IV fluid needs of the patient.*
- Continuous O2 Monitoring (nsg) *Nursing to place oxygen per Protocol.*

Vital Signs

- Vital Signs *As Directed, q1hr then per admitting orders of sepsis*

Laboratory

- Blood Culture x 2 *STAT, q5min, 2, dose/occurrence Comments: Note to lab Severe Sepsis*
- Lactic Acid, Venous *STAT*
- +6 Hours** Lactic Acid, Venous *Timed/Dated, Once, T;N+360*

Therapies

- O2 Per Protocol

Protocols/Standards

- Nursing - Sepsis Positive Screening Protocol *****See Reference Text*****
- Notification of a Sepsis plan ordered *Notification for Sepsis Coordinator that the Nursing - Sepsis Positive Screening Protocol has been ordered for this patient. Comments: ****GIVE TO CHARGE NURSE OR SEPSIS COORDINATOR*****

System Auto-Generated

- Last Plan Review Date

For Verbal Orders: (circle)

VERBAL

TELEPHONE

Print Physician Name		R.N. Signature		DATE	TIME	Check: <input type="checkbox"/> Readback completed
PHYSICIAN'S SIGNATURE						DATE
TIME						
U.C. INITIALS	DATE	TIME	R.N.	DATE	TIME	Check: <input type="checkbox"/> FAXED <input type="checkbox"/> NOTED
		<input type="checkbox"/> FAXED				