

Print Order Set

Report ID
304774602Report Name
PRL SmartSet PreviewPrint
Print

Pediatric Sepsis Bundle [30400002666]

[UNC Healthcare Code Sepsis Website](#)URL: <http://news.unchealthcare.org/empnews/code-sepsis>

Sepsis Bundle

Sepsis Bundle

 Pediatric Sepsis Bundle

Administer antibiotics AFTER blood culture obtained if possible.

Antibiotic orders can be found in the Medication section of the order set.

| | |
|--|--|
| <input type="checkbox"/> Notify Pediatric Satellite pharmacist of sepsis patient | STAT, Once For 1 Occurrences, Call 984-974-6679. State Pediatric Code Sepsis. Provide MRN and antibiotic ordered. |
| <input type="checkbox"/> Cardiac Monitor | STAT, Until discontinued, Starting today, Indication: Risk for physiological instability |
| <input type="checkbox"/> Oxygen sat continuous monitoring | STAT, Until discontinued, Starting today |
| <input type="checkbox"/> Nasal cannula oxygen | STAT, Until discontinued, Starting today Liters per minute: Liters per minute: Wean FIO2 to keep: Sats >= 92% |
| <input type="checkbox"/> Insert peripheral IV | STAT, Once For 1 Occurrences PIV Details: IV Access at all times Confirm patency of existing line. Place IO if necessary |
| <input type="checkbox"/> sodium chloride 0.9% (NS) bolus | 20 mL/kg, Intravenous, for 15 Minutes, Every 15 min PRN, If indicated, For 3 Doses Push fluids via pressure bag or syringe within 15 minutes STAT |
| <input type="checkbox"/> CBC and differential | STAT For 1 Occurrences |
| <input type="checkbox"/> VBG LOADED DRAW | STAT, Once For 1 Occurrences, Free flowing sample |
| <input type="checkbox"/> ABG Loaded Draw | STAT, Once For 1 Occurrences |
| <input type="checkbox"/> Blood Culture, Pediatric | STAT For 1 Occurrences Blood to be drawn by: Nurse Blood |
| <input type="checkbox"/> Blood Culture, Pediatric | STAT For 1 Occurrences Blood to be drawn by: Nurse Blood |

Antibiotics: Neonate < or = 28 days

Age Neonate < or = 28 Days: Primary Therapy

| | |
|---|---|
| <input type="checkbox"/> ampicillin and gentamicin PMA <= 29 weeks, Postnatal Age 0-7 Days | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 5 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> ampicillin and gentamicin PMA <= 29 Weeks, Postnatal Age >= 8 days | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> ampicillin and gentamicin PMA 30-34 weeks, Postnatal Age 0-7 days | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4.5 mg/kg, Intravenous, Once, For 1 Doses, STAT |

| | |
|---|---|
| <input type="checkbox"/> ampicillin and gentamicin PMA 30-34 weeks, Postnatal Age \geq 8 days | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> ampicillin and gentamicin PMA \geq 35 weeks, Postnatal All | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4 mg/kg, Intravenous, Once, For 1 Doses, STAT |

Age Neonate \leq 28 Days: HSV Concern

| | |
|--|---|
| <input type="checkbox"/> ampicillin, gentamicin and acyclovir PMA \leq 29 weeks, Postnatal Age 0-7 Days | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 5 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> acyclovir (ZOVIRAX) IV | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> ampicillin, gentamicin and acyclovir PMA \leq 29 weeks, Postnatal Age \geq 8 days | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> acyclovir (ZOVIRAX) IV | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> ampicillin, gentamicin and acyclovir PMA 30-34 weeks, Postnatal Age 0-7 days | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4.5 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> acyclovir (ZOVIRAX) IV | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> ampicillin, gentamicin and acyclovir PMA 30-34 weeks, Postnatal Age \geq 8 days. | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> acyclovir (ZOVIRAX) IV | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> ampicillin, gentamicin and acyclovir PMA \geq 35 weeks, Postnatal Age All | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> acyclovir (ZOVIRAX) IV | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |

Age Neonate \leq 28 Days: SUSPECTED SOURCE: Gastrointestinal

| | |
|--|---|
| <input type="checkbox"/> ampicillin, gentamicin and metronidazole PMA \leq 29 weeks, Postnatal Age 0-7 Days | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 5 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> metronidazole (FLAGYL) | 15 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> ampicillin, gentamicin and metronidazole PMA \leq 29 weeks, Postnatal Age \geq 8 days | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> metronidazole (FLAGYL) | 15 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> ampicillin, gentamicin and metronidazole PMA 30-34 weeks, Postnatal Age 0-7 days | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4.5 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> metronidazole (FLAGYL) | 15 mg/kg, Intravenous, Once, For 1 Doses, STAT |

| | |
|---|---|
| <input type="checkbox"/> ampicillin, gentamicin and metronidazole PMA 30-34 weeks, Postnatal Age >= 8 days. | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> metronidazole (FLAGYL) | 15 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> ampicillin, gentamicin and metronidazole PMA >= 35 weeks, Postnatal Age All | "And" Linked Panel |
| <input type="checkbox"/> ampicillin | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> gentamicin (GARAMYCIN) | 4 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> metronidazole (FLAGYL) IVPB | 15 mg/kg, Intravenous, Once, For 1 Doses, STAT |

Antibiotics: Age > 28 days

Age > 28 Days: Primary Therapy

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|---|---|
| <input type="checkbox"/> ceftriaxone AND vancomycin | "And" Linked Panel |
| <input type="checkbox"/> cefTRIAxone (ROCEPHIN) IV | 100 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> vancomycin (VANCOGIN) | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |

Age > 28 Days: Beta Lactam Allergy (Single Response)

Select ONE Course

| | |
|---|--|
| <input checked="" type="radio"/> ciprofloxacin AND vancomycin | "And" Linked Panel |
| <input type="checkbox"/> ciprofloxacin | 15 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> vancomycin (VANCOGIN) | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input checked="" type="radio"/> aztreonam AND vancomycin | "And" Linked Panel |
| <input type="checkbox"/> aztreonam (AZACTAM) | 30 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> vancomycin (VANCOGIN) | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |

Age > 28 Days: SUSPECTED SOURCE: Catheter-associated

| | |
|--|--|
| <input type="checkbox"/> cefepime AND vancomycin | "And" Linked Panel |
| <input type="checkbox"/> Cefepime (MAXIPIME) syringe | 50 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> vancomycin (VANCOGIN) | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |

Age > 28 Days: SUSPECTED SOURCE: Gastrointestinal (Single Response)

Select ONE course

| | |
|---|--|
| <input checked="" type="radio"/> meropenem (monotherapy) | |
| <input type="checkbox"/> meropenem (MERREM) IV | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input checked="" type="radio"/> cefepime AND metronidazole | "And" Linked Panel |
| <input type="checkbox"/> Cefepime (MAXIPIME) | 50 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> metronidazole (FLAGYL) | 10 mg/kg, Intravenous, Once, For 1 Doses, STAT |

Antibiotics: Age > 28 days - IMMUNOCOMPROMISED AND/OR SIGNIFICANT PRIOR ANTIBIOTIC USE WITHIN THE PREVIOUS 30 DAYS

Age > 28 Days: IMMUNOCOMPROMISED: Primary Therapy

| | |
|--|--|
| <input type="checkbox"/> cefepime AND vancomycin | "And" Linked Panel |
| <input type="checkbox"/> Cefepime (MAXIPIME) syringe | 50 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> vancomycin (VANCOGIN) | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |

Age > 28 Days: IMMUNOCOMPROMISED: Beta Lactam allergy

| | |
|---|--|
| <input type="checkbox"/> ciprofloxacin AND vancomycin | "And" Linked Panel |
| <input type="checkbox"/> CIPROFLOXACIN (CIPRO) IV ORDERABLE | 15 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="checkbox"/> vancomycin (VANCOGIN) | 20 mg/kg, Intravenous, Once, For 1 Doses, STAT |

Age > 28 Days: IMMUNOCOMPROMISED: Fungal history (Single Response)

Select ONE

- | | |
|--|--|
| <input type="radio"/> FLUCONAZOLE IV ORDERABLE | 12 mg/kg, Intravenous, Once, For 1 Doses, STAT |
| <input type="radio"/> micafungin (MYCAMINE) infusion | 3 mg/kg, Intravenous, Once, For 1 Doses, STAT |

Sign: _____