

SEPSIS MANAGEMENT ORDERS

Date/Time	Appendix A: Adult Antibiotic Recommendations
	Allergies: _____ <hr/> Pneumonia Non ICU: <input type="checkbox"/> Levaquin (Levofloxacin) 750 mg IVPB daily OR <input type="checkbox"/> Rocephin (Ceftriaxone) 1gm IVPB q 12 hr. AND Zithromax (Azithromycin) 500mg IVPB daily ICU: Low risk pseudomonas: <input type="checkbox"/> Rocephin (Ceftriaxone) 1gm IVPB daily AND Levaquin (Levofloxacin) 750mg IVPB daily Risk of pseudomonas: <input type="checkbox"/> Maxipime (Cefepime) 2 gm IVPB q 12 AND Levaquin (Levofloxacin) 750mg IVPB daily OR <input type="checkbox"/> Zosyn (Piperacillin Na/Tazobactam) 4.5mg IVPB q 6 hr AND Levaquin (Levofloxacin) 750mg IVPB daily Risk of MRSA: <input type="checkbox"/> add Vancocin (Vancomycin) IVPB per protocol PCN allergic: <input type="checkbox"/> Levaquin (Levofloxacin) 750mg IVPB daily AND Azactam (Axteronam) 1gm IVPB q 8 hr If creatinine clearance is <50 ml/min may substitute Avelox (Moxifloxacin) 400mg IVPB daily for Levaquin (Levofloxacin)
	Urinary Tract Infection/Pyelonephritis <input type="checkbox"/> Cipro (Ciprofloxacin) 400mg IVPB q 12 hr OR <input type="checkbox"/> Levaquin (Levofloxacin) 500mg IVPB daily OR <input type="checkbox"/> Rocephin (Ceftriaxone) 1gm IVPB daily OR Rocephin (Ceftriaxone) 2gm IVPB daily
	Endocarditis <input type="checkbox"/> Vancocin (Vancomycin) IVPB per protocol AND Nafcillin 1gm IVPB q 4hr AND <input type="checkbox"/> Garamycin (Gentamycin) 1gm / kg IVPB q 8 hr
	Meningitis <input type="checkbox"/> Vancocin (Vancomycin) IVPB per protocol AND Rocephin (Ceftriaxone) 2gm IVPB q 12 hr AND <input type="checkbox"/> Zovirax (Acyclovir) 10mg/kg IVPB q 8 hr Immunosuppressed/alcoholic: <input type="checkbox"/> add Ampicillin 2gm IVPB q 6 hr PCN allergic: <input type="checkbox"/> Vancocin (Vancomycin) IVPB per protocol AND Chloromycetin (Chloramphenicol) 12.5 mg/kg IVPB q 6 hr AND Bactrim (SMX/TMP) 5 mg/kg IVPB q 2 hr
	Abdomen Infections NOS <input type="checkbox"/> Zosyn (Piperacillin Na/Tazobactam) 4.5 gm IVPB q 6 hr AND Flagyl (Metronidazole) 500 mg IVPB q 8 hr OR <input type="checkbox"/> Ampicillin 2gm IVPB q 6 hr AND Flagyl (Metronidazole) 500 mg IVPB q 8 hr AND Cipro (Ciprofloxacin) 400mg IVPB q 12 hr PCN allergic: <input type="checkbox"/> Flagyl (Metronidazole) 500 mg IVPB q 8 hr AND Levaquin (Levofloxacin) 500mg IVPB daily
	Cellulitis <input type="checkbox"/> Unasyn (Ampicillin/Sibactam) 3gm IVPB q 6 hr <input type="checkbox"/> Flagyl (Metronidazole) 500 mg IVPB q 8 hr AND Levaquin (Levofloxacin) 500mg IVPB daily
	Necrotizing Fasciitis <input type="checkbox"/> Zosyn (Piperacillin Na/Tazobactam) 4.5 gm IVPB q 6 hr Risk of MRSA: <input type="checkbox"/> add Vancocin (Vancomycin) IVPB per protocol AND Levaquin (Levofloxacin) 500mg IVPB daily AND Flagyl (Metronidazole) 500 mg IVPB q 8 hr
	Osteomyelitis <input type="checkbox"/> Vancocin (Vancomycin) IVPB per protocol AND Cipro (Ciprofloxacin) 400mg IVPB q 12 hr
	Empiric broad spectrum therapy for infection NOS <input type="checkbox"/> Vancocin (Vancomycin) IVPB per protocol AND Levaquin (Levofloxacin) 500mg IVPB daily AND Flagyl (Metronidazole) 500 mg IVPB q 8 hr
	<input type="checkbox"/> Other: _____ _____ _____

Nurse Signature: _____ Date/Time: _____

Physician Signature: _____ Date/Time: _____

(All verbal orders must be written and read back before processing.)