



EARLY GOAL DIRECTED RESUSITATION ORDERS

ICU

Addressograph

Any order preceded by a box must be checked to enable the order.

1. Must have 2 out of 4 to meet criteria SIRS:

- Temp ≥ 38 or < 36 .
- Heart Rate > 90 beats per minute
- Respiratory Rate > 20 breaths per minute or $pCO_2 < 32$ mmHg.
- WBC $> 12 \times 10^9 /L$ or $< 4.0 \times 10^9 /L$ with $> 10\%$ bands

Sepsis: patient must have SIRS with a source of infection Source: _____ Source Unknown

Significant hypoperfusion: SBP < 100 mmHg **OR** Lactate > 4

2. Fluid Management: Insert central venous catheter (internal jugular or subclavian) and arterial line.

Goal CVP = 8-12 mmHg Call House Officer for MAP < 60 during fluid challenge

Initial Fluid Bolus (Pt. weight _____ Kg)

IV Fluid NS LR Other _____

Bolus Amount _____ (recommend 20-40 cc/kg) over < 30 minutes

If CVP < 8 After Initial Bolus, Administer Fluid bolus 500 cc x1 and may repeat q 30 min x 3 doses

Maintenance Fluid NS LR Other _____ **Rate:** _____ cc/hr

3. Vasopressors: For hypotension (MAP < 65) refractory to fluid challenge

Choose **ONE** of the following as initial vasopressor: House Officer must be notified when starting pressors

Note: Norepinephrine is the preferred agent for vasodilatory shock

- Norepinephrine 2-25 mcg/min IV infusion: Titrate to MAP > 65 mmHg.
- Dopamine 2-15 mcg/kg/min IV infusion: Titrate to MAP > 65 mmHg
- Phenylephrine 20-100 mcg/min IV infusion Titrate to MAP > 65 mmHg
- Other _____

For hypotension (MAP <65) refractory to single agent vasopressor above start:

Vasopressin 0.04 units/min IV infusion **Do Not Titrate**

4. Tissue Perfusion: Check Mixed Central Venous Oxygen Saturation (ScvO₂)

If ScvO₂ $< 70\%$ call House Officer. Consider the following options: **Goal ScvO₂ $> 70\%$**

(Note: All the following need separate orders)

1. Transfusion of packed red blood cells to keep Hb ≥ 10 gm/dl or Hct $\geq 30\%$
2. Dobutamine 2.5- 20 mcg/kg/min IV infusion: titrate drip by 2.5 mcg/kg/min increments every 30 min.

MD Signature _____

Pager _____

Print Name _____

Date _____ Hour _____

Requires Approval By On Call Fellow (Pager 2419)

Fellow Signature _____

A generic equivalent may be administered when a drug has been prescribed by a brand name unless order states to the contrary .

Medical Record Approval Date:
P&T Approval Date: / /03 (P-160)

Original to the medical record
Yellow copy to Pharmacy
Pink copy to MAR