

STADING ORDER FOR ADULT SEPSIS / SEPTIC SHOCK BANNA HOSPITAL

Progress Note	Date time	Order for one Day	Date time	Order for Continuous	
<p>Early detection</p> <p>-BT > 38 c or < 36 c -HR > 90 /min RR > 20 or PaCO2 <32 -WBC >12000 or <4000 band form >10%</p> <p>Diagnosis</p> <p><input type="checkbox"/> Sepsis <input type="checkbox"/> Septic shock (Dx. เวลา.....น.)</p> <p>Source :</p> <p><input type="checkbox"/> Pneumonia <input type="checkbox"/> UTI <input type="checkbox"/> Other.....</p>		<p><input type="checkbox"/> Admit ward.....</p> <p><input type="checkbox"/> H/C x 2 Spec</p> <p><input type="checkbox"/> CBC ,BUN ,Cr, Electrolyte</p> <p><input type="checkbox"/> PT/PTT/INR(lab emergency)</p> <p><input type="checkbox"/> CXR</p> <p><input type="checkbox"/> EKG 12 leads</p> <p><input type="checkbox"/> DTX stat</p> <p>เวลา.....น. IV Fluid <input type="checkbox"/> RLS <input type="checkbox"/> NSS</p> <p><input type="radio"/> 500 ml iv drip in 30 min x.....ครั้ง</p> <p><input type="radio"/> KVO if volume overload</p> <p>รวม load iv ทั้งหมด.....ml</p> <p>(Total 30 ml /kg in 3 hr.) ในรายที่มี Septic shock</p> <p><input type="checkbox"/> Sputum Gram Stain ,C/S</p> <p><input type="checkbox"/> U/A ,U/C</p> <p><input type="checkbox"/> Pus gram stain , culture</p> <p>From.....</p> <p><input type="checkbox"/> อื่นๆ.....</p>		<p><input type="checkbox"/> Diet.....</p> <p><input type="checkbox"/> NPO</p> <p><input type="checkbox"/> Record V/S q.....hr</p> <p><input type="checkbox"/> Record I/O</p> <p><input type="checkbox"/> Retained NG</p> <p><input type="checkbox"/> Retained Foley's catheter</p> <p><input type="checkbox"/> DTX ทุกhr. Keep 80- 200 mg%</p> <p><input type="checkbox"/> ATB เวลา.....น.</p> <p><input type="checkbox"/> Ceftriaxone.....</p> <p><input type="checkbox"/> Ceftazidime.....</p> <p><input type="checkbox"/></p> <p>.....</p>	
<p>Supportive care :</p> <p>Goal</p> <p>-MAP ≥ 65 mmHg -Urine ≥ 0.5 ml/kg/hr</p>		<p><input type="checkbox"/> On ETT no.....ลิ้น.....cm.</p> <p><input type="checkbox"/> On oxygen.....</p> <p>Keep O2Sat ≥ 95%</p> <p><input type="checkbox"/> Levophed 4 mg+5%DW 250 ml iv rate ml/hr Titrate ครั้งละ ml/hr. ทุก 15 นาที</p> <p>Keep MAP ≥ 65 mmHg</p> <p>Keep BP ≥mmHg (Max 180ml/hr)</p> <p><input type="checkbox"/> Dopamine (2:1) IV rate.....ml/hr. (Max 30ml/hr.)</p>		<p><input type="checkbox"/> Paracetamol (500) 1tab prn. q 4-6 hr.</p> <p><input type="checkbox"/> Omeprazole 40 mg iv OD</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> If urine output < 120 ml/4 hr. ให้ notify แพทย์</p>	
Name of Patient		Age		H.N.	A.N.
Department of Service		Ward		Attending Physician	