



**SEPSIS BUNDLES —  
 CLINICAL PHARMACY CONSULT**

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PLACE  
 PATIENT IDENTIFICATION LABEL  
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**DIAGNOSIS** \_\_\_\_\_ **ALLERGIES** \_\_\_\_\_

CURRENT MEDICATIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LABS** Weight \_\_\_\_\_ kg Ideal Body Weight \_\_\_\_\_ kg Adjusted Body Weight \_\_\_\_\_ kg GCS \_\_\_\_\_

CrCl \_\_\_\_\_ ml/minute

Bands \_\_\_\_\_

CRP \_\_\_\_\_

Lactic acid \_\_\_\_\_  
 (goal less than 2 mMol/L)

Serum cortisol \_\_\_\_\_

**VITALS / HEMODYNAMICS**

Temp \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_ (Goal SBP greater than 90mmHg)

CVP \_\_\_\_\_ (Goal greater than 8 mmHg) MAP \_\_\_\_\_ (Goal greater than 65 mmHg)

Urine output \_\_\_\_\_ ml/kg/hour (Goal greater than 0.5 ml/kg/hour)

Current resuscitation fluids: \_\_\_\_\_  Central line

Current vasopressors / inotropic agents: \_\_\_\_\_  Arterial line

**INFECTIOUS DISEASE**

**Cultures**

Date	Site	Results	Sensitivity

Other: \_\_\_\_\_

Current antimicrobial therapy: \_\_\_\_\_

**RESPIRATORY**

ABG / / / / Base excess \_\_\_\_\_ (Goal ± 3) FiO<sub>2</sub> \_\_\_\_\_ SVO<sub>2</sub> \_\_\_\_\_ (Goal = 70%)

PaO<sub>2</sub>/FiO<sub>2</sub> ratio \_\_\_\_\_ (if ventilated: less than 300 Acute Lung Injury (ALI); less than 200 Adult Respiratory Distress Syndrome (ARDS))

DATE: \_\_\_\_\_ (Required) TIME: \_\_\_\_\_ (Required) SIGNATURE: \_\_\_\_\_ (Required)

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**TIGHT GLYCEMIA CONTROL**

Finger Stick Blood Glucose \_\_\_\_\_ (consider insulin drip if 2 consecutive readings above 125 mg/dL)

Current Management:

- Sliding scale insulin       Insulin infusion

**STRESS ULCER PROPHYLAXIS**

Current regimen \_\_\_\_\_

**DEEP VEIN THROMBOSIS PROPHYLAXIS**

Current regimen \_\_\_\_\_

**DROTRECOGIN ALFA (Xigris®) ASSESSMENT**

APACHE score \_\_\_\_\_

Precautions \_\_\_\_\_

Contraindications \_\_\_\_\_

**RECOMMENDATIONS TO CONSIDER:**

Hemodynamics:

Infectious Disease:

DATE:  
(Required)

TIME:  
(Required)

SIGNATURE:  
(Required)

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**RECOMMENDATIONS TO CONSIDER — Continued:**

Respiratory:

Tight Glycemic Control:

Stress Ulcer Prophylaxis:

Deep Vein Thrombosis Prophylaxis:

Drotrecogin Alfa (Xigris®):

Other Recommendations:

DATE:  
*(Required)*

TIME:  
*(Required)*

SIGNATURE:  
*(Required)*

