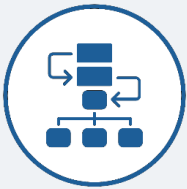


Emergency Department Sepsis Order Sets

What's new? What's Changed? Why?

Island Health login is required to visit the links below

- New: [Adult sepsis guideline algorithm – ED and Inpatient](#)
- New: [Sepsis antibiotics module](#)
- Updated: [Clinical Order Set ED Management of Sepsis MAP 65 or Greater - Adult](#)
- Updated: [Clinical Order Set ED Management of Sepsis MAP Less than 65 - Adult](#)
- Updated: [ED Nurse Protocol Suspected Sepsis](#)



~New~: [Algorithm](#)

Introducing a new algorithm to support early recognition and management of sepsis, included in the Nurse Protocol and Order Sets. Delayed blood culture draw is associated with adverse outcome.



~New~: [Antibiotic Module](#)

Developed by Infection Management Advisory Committee, the antibiotic module is a complete refresh of empiric antibiotic selection for sepsis to align with evidence and best practice. Changes are based on new guidelines regarding management of beta-lactam allergies, epidemiology of pathogens causing sepsis, and local antibiotic resistance patterns.



~Change~: **Consider repeat lactate at 2 hours if initial lactate is >2mmol/L**

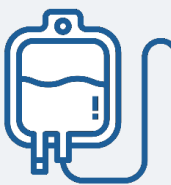
This is a **change** to the previous order set, from threshold of 4mmol/L due to delayed diagnosis reported through PSLs.



~Change~: **Use Ringer's lactate in place of normal saline.**

In sepsis resuscitation, even a single litre of Ringers lactate in place of normal saline results in a mortality benefit. This **change** includes patients with elevated or risk of elevated potassium.

[Click here to read more about this change.](#) (*American Journal of Respiratory and Critical Care Medicine.*)



~Change~: **Limited volume bolus before moving to vasopressors**

This **change** aligns with evidence and best practice. Earlier use of vasopressors in septic shock is now recommended.

Want to learn more? [Visit the Medical Staff Website Sepsis Quality Improvement Project page.](#)