

Transfer Checklist for Patients with Known/Suspected Severe Sepsis or Septic Shock

- IV access: 2 large-bore IVs, preferably 18-gauge
- Labs
 - Blood cultures, 2 sets
 - Serum lactate (preferred, if able) and chemistry/basic metabolic panel
- Administer 1st dose of broad-spectrum antibiotics
- For patients with serum lactate > 4meq/L or hypotension, initiate IV fluid resuscitation; consider IV fluids for any patient with severe sepsis
 - a.) Resuscitate with 30ml/kg of crystalloid fluid, administer 500ml to 1000ml boluses at a rate of >2L/hr.
 - b.) Initiate vasopressor (norepinephrine, preferably through central line), if blood pressure has not responded to 30ml/kg fluid.

Sepsis antibiotic reference table

Below recommendations include dosing for nonelderly, nonpregnant adult with normal renal function.

Unknown source	1st-line therapy	cefepime	2g IV q8h
		tobramycin	7mg/kg IV, q24h
		vancomycin	15mg/kg IV, q12h
	Alternative therapy	piperacillin/tazobactam	4.5g IV, q6h
		levofloxacin	750mg IV, q24h
		vancomycin	15mg/kg IV, q12h
Community-acquired pneumonia (CAP) – no pseudomonal risk	1st-line therapy	ceftriaxone	1g IV, q24h
		levofloxacin	750mg IV, q24h
	If patient has MRSA risk	vancomycin	15mg/kg IV, q12h
		Fluoroquinolone allergy	ceftriaxone
	Fluoroquinolone allergy	azithromycin	500mg, IV q24h
		1st-line therapy	vancomycin
tobramycin	7mg/kg IV, q24h		
cefepime	2g IV q8h		
Healthcare-associated pneumonia (HCAP)	Alternative therapy	vancomycin	15mg/kg IV, q12h
		levofloxacin	750mg IV, q24h