

McLaren Print System Order

Order No: 44066 Reprint Previous Order No: 31771
Order Date: 2019-03-29
User: Sandy Wright
Phone: 810-342-2401

Ship Location: McLaren Flint, ER - 2 South/ Attn: Sandy Wright
401 S. Ballenger Highway
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 31010
Dept Name: Emergency Department
Company Number: 60

Order Total Price: 160.00

Item Number: 1708-259
Item Description: Proposed Modified Sepsis Bundle Order Set
Revision Date: 1/19/2019
Print: 2 sided full color
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: page 1 color, 2,3,4 black and white

McLaren Flint
Sepsis Order Set

STEP #1 To be completed by RN:

Sepsis Alert/Trigger Time: _____ Date: ____/____/____ Provider Arrival Time: _____
BP: _____ HR: _____ RR: _____ SpO₂: _____ Temp: _____
Systolic Intra-Arterial Pressure (SIAP) _____ Quick Sepsis Related Organ Failure Assessment (SOFA) _____
 SIAP ≥ 90 mmHg AND/OR SIAP ≥ 90 mmHg AND/OR SIAP ≥ 90 mmHg SIAP ≥ 90 mmHg AND/OR SIAP ≥ 90 mmHg AND/OR SIAP ≥ 90 mmHg
 HR ≥ 100 HR ≥ 100 HR ≥ 100 HR ≥ 100
 RR ≥ 20 (or ≥ 30) RR ≥ 20 (or ≥ 30) RR ≥ 20 (or ≥ 30) RR ≥ 20 (or ≥ 30)
 SpO₂ ≤ 92 SpO₂ ≤ 92 SpO₂ ≤ 92 SpO₂ ≤ 92
 Acute Change in Level of Consciousness or Neuro Status (CS ≥ 4)

STEP #2 To be completed by Provider:

Initiate Sepsis Protocol Sepsis Severe Sepsis Septic Shock
 Sepsis NOT indicated, symptoms related to _____
(Do NOT initiate sepsis orders)
Provider Signature: _____ Date: _____ Time: _____

STEP #3 To be completed by RN:

To be completed within first 2 HOURS of alert Time: _____
 Initial Lactate Level _____ Draw Time _____ Crystalloid Fluid 30 mL/kg Initial Target Volume _____ mL
 Repeat Culture \pm WBC/ABX Start Time _____ Start Time _____ Stop Time _____
 ABX ordered (STAT) _____ Start Time _____ SP away 15' \pm 2 within 1 hour of fluid resuscitation completion.
ABX _____ Start Time _____ SP _____ Time _____ SP _____ Time _____
 Notify provider when crystalloid fluid resuscitation complete IF:
• Patient has persistent hypotension (MAP ≤ 65 , MAP ≤ 65)
• Initial lactate level is ≥ 4 or initial ≥ 4 HR Bundle
• To complete focused exam (STEP #4)
 If the PIP cannot be reached, please contact the RN Team at Phone: 810-342-8182

STEP #4 To be completed by Provider:

Sepsis Focused Assessment after fluid resuscitation initiated.
 Vitals signs reviewed Sepsis Focused Exam completed
Date/Time of Follow up: Time _____ Date _____ Signature _____

STEP #5 To be completed by RN:

To be completed within first 6 HOURS of alert if indicated Time: _____
 Focused Exam to be completed Repeat Lactate Level _____ Draw Time _____ if initial ≥ 2.0
 Persistent hypotension after fluid resuscitation (MAP ≤ 65 , MAP ≤ 65) Call provider to initiate vasopressor
 Vasopressor _____ Start Time _____ Vasopressor _____ Start Time _____
Dr. _____ Time _____

Time required: _____ Date required: _____ RN Signature required: _____
Time required: _____ Date required: _____ Physician Signature required: _____
M-1708-259
Revised: 1/19/2019

6400