McLaren Business Products

McLaren Print System Order

Order No: 44597
Order Date: 2019-04-17
User: jacqueline silva
Phone: 810-342-2270

Ship Location: Mclaren Flint- 10 South Attn: Tony
401 south ballenger hwy
flint, michigan 48532
Forms
Quantity: 100
Paragon Dept No: 23040
Dept Name: 10 south
Company Number: 60

Order Total Price: 42.00

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/Triage/Time: _____ Date: ___/___/___ Provider Arrival Time: _____
BP: _____ HR: _____ RR: _____ SPO2: _____ Temp: _____

Systemic Inflammatory Response Syndrome (SIRS) — Quick Sepsis Related Organ Failure Assessment (qSOFA)

If two or more are met, Initiate Rapid Response Sepsis
- ☐ HR >90
- ☐ Temp < 36.0 C (100.4 F), or > 38.0 C (96.8 F)
- ☐ Respiratory Rate >20
- ☐ WBC < 12,000, or > 4000, or >10% Bands

If two or more are met, Initiate Rapid Response
- ☐ Systolic BP <100
- ☐ Respiratory Rate > 22
- ☐ Acute Change in Level of Consciousness or Neuro Status (GCS <15)

STEP #2 To be completed by Provider

☐ Initiate Sepsis Protocol — DIAGNOSIS: ☐ 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 3 HRS of alert Time: _____

- ☐ Initial Lactate Level: _____ Draw Time: _____
- ☐ Blood Cultures x 2 BEFORE ABX Time Drawn: _____
- ☐ ABX ordered STAT
- ABX: _____ Start Time: _____
- ABX: _____ Start Time: _____
- ☐ Crystalloid Fluid: 30 mL/kg bolus Target Volume: _____mL Start Time: _____ Stop Time: _____
- ☐ BP every 15' x 2 within 1 hour of fluid resuscitation completion.
  BP: _____ Time: _____ BP: _____ Time: _____
- ☐ Notify provider when crystalloid fluid resuscitation complete IF:
  - Patient has persistent hypotension SBP <90, MAP <65
  - Initial lactate level is ≥ 4 to initiate 6 HR Bundle
  - To complete focused exam (STEP #4)
- ☐ If the PCP cannot be reached, please contact the RR Team at Phone: 810-342-5163

STEP #4 To be completed by Provider

Sepsis Focused Assessment after fluid resuscitation initiated

- ☐ Vital 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 HRS of alert if indicated Time: _____

- ☐ Focused Exam to be completed
- ☐ Repeat Lactate Level: _____ Draw Time: _____ (if initial is > 2.0)
- ☐ Persistent Hypotension after fluid resuscitation SBP < 90, MAP < 65 ☐ Call provider to initiate vasopressor
- ☐ _____ Start Time: _____ ☐ Vasopressor _____ Start Time: _____
- BP: _____ Time: _____

Time (required) | Date (required) | RN Signature (required)
Time (required) | Date (required) | Physician Signature (required)

M-1708-259
Revised 1/19/2019

6400

Spec Info: