

McLaren Print System Order

Order No: 45121
 Order Date: 2019-05-05
 User: Rebecca (Becky) Roberts
 Phone: 810-342-2203

Ship Location: McLaren Flint - 2 Central
 401 S. Ballenger Hwy.
 Flint, MI

Forms

Quantity: 100
 Paragon Dept No: 23012
 Dept Name: McLaren Flint - 2 Central
 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/Trigger Time: _____ Date: ____/____/____ Provider Arrival Time: _____
 BP: _____ HR: _____ RR: _____ SpO2: _____ Temp: _____

Systolic Intra-Arterial Pressure (SIAP) _____ Quick Sepsis Related Organ Failure Assessment (SOFA) _____

Yes (SIAP < 90 mmHg, SIAP < 30.3 kPa) Initiate Rapid Response Sepsis Yes (SIAP < 90 mmHg, SIAP < 30.3 kPa) Initiate Rapid Response Sepsis

HR > 100 SpO2 < 92 Respiratory Rate > 20 Acute Change in Level of Consciousness or Neuro Status (GCS < 15)

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
 Start Time _____ Stop Time _____
 Blood Culture x 1 BPF/ABX ABX Time Drawn _____ SP away 15' x 2 within 1 hour of fluid resuscitation completion.
 ABX _____ Start Time _____ SP _____ Time _____
 ABX _____ Start Time _____

Notify provider when crystalloid fluid resuscitation complete IF:
 • Patient has persistent hypotension SBP < 90, MAP < 65
 • Initial lactate level is ≥ 4 to initiate 0 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

Signature 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 _____ of order + 2.0
 Persistent hypotension after fluid resuscitation SBP < 90, MAP < 65 Call provider to initiate vasopressor
 _____ Start Time _____ Vasopressor _____ Start Time _____
 In _____ Time _____

Spec Info:

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