

McLaren Print System Order

Order No: 46519 Reprint Previous Order No: 31771
Order Date: 2019-06-26
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: 6/6/2019
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 Initial Time: _____
BP: _____ HR: _____ RR: _____ SPO₂: _____ Temp: _____

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

Sepsis as defined by SIRS Sepsis as defined by SOFA Sepsis as defined by SIRS and SOFA

WBC > 12,000 or < 4,000 or 1-10% bands Respiratory Rate > 20
 Temp > 38.3 C (101.0 F) or < 36.1 C (96.9 F) Systolic BP < 90
 MAP < 65 or < 65 or < 75 (30/15) Acute Change in Level of Consciousness or Mean Arterial Pressure (MAP) < 65

STEP #2 To be completed by Provider

Initiate Sepsis Protocol Sepsis Severe Sepsis Sepsis Shock

Sepsis NOT indicated, symptoms related to: _____
(do NOT initiate sepsis orders)

Alerting Notified Time: _____ Provider Signature: _____ Date: _____ Time: _____

STEP #3 To be completed by RN

To be completed within first 1 hour of alert Time: _____

Initial Lactate Level: _____ Draw Time: _____ Crystalloid Fluid: 30 mL/kg below Target Volume: _____ mL
 Blood Culture in 2 BAP500 vials Time Drawn: _____ Start Time: _____ Stop Time: _____
 AKA ordered STAT BP every 15 x 2 within 1 hour of fluid resuscitation completion
APR: _____ Start Time: _____ BP: _____ Time: _____ BP: _____ Time: _____
APR: _____ Start Time: _____ Contact Rapid Response Team
at 2553 if primary physician is not responding

Notify provider when crystalloid fluid resuscitation complete if:
• Patient has persistent hypotension (SBP < 90, MAP < 65)
• Initial lactate level is > 4 to initiate 4 HR Bundle
To complete focused exam: STEP #5

STEP #4 To be completed by Provider

Sepsis Focused Assessment after fluid resuscitation initiated

Vitals signs reviewed Sepsis Protocol Exam completed

Date/Time of follow up: _____ Date: _____ Signature: _____

STEP #5 To be completed by RN

To be completed within first 1 hour of alert if indicated Time: _____

Focused Exam to be completed Repeat Lactate Level: _____ Draw Time: _____ (if initial is > 4)

Persistent hypotension after fluid resuscitation (SBP < 90, MAP < 65) Call provider to initiate vasopressor

Vasopressor: _____ Start Time: _____ Vasopressor: _____ Start Time: _____

By: _____ Time: _____

Time required: _____ Date required: _____ RN Signature required: _____
Time required: _____ Date required: _____ Physician Signature required: _____

M-1708-259
Revised 6/6/2019

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