

McLaren Print System Order

Order No: 46783
 Order Date: 2019-07-06
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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: 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: _____ SPO₂: _____ Temp: _____
Systemic Inflammatory Response Syndrome (SIRS) Quick Sepsis Related Organ Failure Assessment (SOFA)

2 of 3 or more are met, **Initiate Rapid Response Team** 2 of 3 or more are met, **Initiate Rapid Response**

HR > 100 Systolic BP < 90
 Temp > 38.3 C (101.0 F), or < 36.1 C (96.9 F) Respiratory Rate > 20
 RR < 8 or > 25, or < 10% SpO₂ 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 60-120 minutes of alert time:

Initial Lactate Level: _____ Draw Time: _____ Crystalloid Fluid: 30 mL/kg below Target Volume _____ mL
 Start Time: _____ Stop Time: _____
 Blood Culture in 2 BAP/ONE 400 Time Drawn: _____ BP every 15 x 2 within 1 hour of fluid resuscitation completion
 Start Time: _____ BP: _____ Time: _____
 Notify provider when crystalloid fluid resuscitation complete if:
 • Patient has persistent hypotension (SAP < 90, MAP < 65)
 • Initial lactate level is > 4 to initiate 4 HR Bundle
 To complete focused exam: **STEP #4**

Contact Rapid Response Team at (517) if primary physician is not responding

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 60-120 minutes of alert if indicated time:

Focused Exam to be completed Repeat Lactate Level: _____ Draw Time: _____ (if initial is > 4)
 Persistent Hypotension after fluid resuscitation (SAP < 90, MAP < 65) Call provider to initiate vasopressor

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

Time: _____

Spec Info:

One required Two required No Signature required

None required None required Physician Signature required

M-1708-259
 Revised 6/6/2019