

McLaren Print System Order

Order No: 48036 Reprint Previous Order No: 31771  
Order Date: 2019-08-27  
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: \_\_\_\_\_ SPO<sub>2</sub>: \_\_\_\_\_ Temp: \_\_\_\_\_

Systemic Inflammatory Response Syndrome (SIRS)  Sepsis, Revised Quick Clinical Assessment (QRCA)

2 of 3 or more are met, **Initiate Rapid Response Sepsis**  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 > 24, or < 8, or < 10, or > 25 breaths  Acute Change in Level of Consciousness or Neuro Status (GCS) < 15

**STEP #2 To be completed by Provider**

Initiate Sepsis Protocol  SIRS  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  
Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_  
 Blood Culture x 2 (BAC) 400 Time Drawn: \_\_\_\_\_  BP every 15 x 2 within 1 hour of fluid resuscitation completion.  
BP \_\_\_\_\_ Time: \_\_\_\_\_ BP \_\_\_\_\_ Time: \_\_\_\_\_  
ABG: \_\_\_\_\_ Start Time: \_\_\_\_\_  
ABG: \_\_\_\_\_ 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 4 HR Bundle  
To complete focused exam: **STEP #5**

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 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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