

McLaren Print System Order

Order No: 48461
Order Date: 2019-09-05
User: jacqueline silva
Phone: 810-342-2270

Ship Location: McLaren Flint- 10 South Attn: Ann
401 south ballenger hwy
flint, michigan 48532

Forms

Quantity: 500
Paragon Dept No: 23040
Dept Name: 10 south
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: _____ SPO₂: _____ Temp: _____
Systemic Inflammatory Response Syndrome (SIRS) Quick Screen, Revised Sepsis Criteria Assessment (2016)
 2 of 4 (Temp, HR, RR, SPO₂) or 3 of 4 (WBC, SIRS)
 2 of 4 (Temp, HR, RR, SPO₂) or 3 of 4 (WBC, SIRS)
 Sepsis (SIRS) or 4 of 4 (SIRS, SIRS)
 Sepsis (SIRS) or 4 of 4 (SIRS, SIRS)
 Acute Change in Level of Consciousness or Neuro Status (GCS) <15

STEP #2 To be completed by Provider

Initiate Sepsis Protocol CHANGES 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, 4, 8, 12, 24, 48, 72, 96 hours of start Time: _____

Initial Lactate Level: _____ Draw Time: _____ Crystalloid Fluid: 30 mL/kg below Target Volume _____ mL
 Blood Culture in 2 BAP/MS/MS Time Drawn: _____ Start Time: _____ Stop Time: _____
 AKA ordered STAT BP every 15 x 2 within 1 hour of fluid resuscitation completion
AKA: _____ Start Time: _____ BP: _____ Time: _____
AKA: _____ Start Time: _____
 Notify provider when crystalloid fluid resuscitation complete if:
• Patient has persistent hypotension (SAP < 65, MAP < 65)
• Initial lactate level is > 4 to initiate 4 HR Bundle
To complete focused exam: STEP #5 Contact Rapid Response Team at (517) 415-1111 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, 4, 8, 12, 24, 48, 72, 96 hours of start if indicated Time: _____

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

Spec Info:

File required: _____ Date required: _____ RN Signature required: _____
File required: _____ Date required: _____ Physician Signature required: _____
M-1708-259
Revised 6/6/2019
 6400