

McLaren Print System Order

Order No: 53519 Reprint Previous Order No: 31771
 Order Date: 2020-03-27
 User: Samantha Chene
 Phone: 810-342-2401

Ship Location: McLaren Flint-Emergency Department 2S
 401 S. Ballenger Hwy
 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: 1/2020
 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 Tracking Sheet

STEP #1 To be completed by RN:

Sepsis Start Time: _____ Date: ____/____/____ Provider Arrival Time: _____
 BP: _____ HR: _____ RR: _____ SpO₂: _____ Temp: _____

Systemic Inflammation Response Syndrome (SIRS) (2/3 or more are true) Initiate Rapid Response Sepsis
 HR > 100
 RR > 20 or < 10
 SpO₂ < 92% on 2L O₂
 Temp > 38.3°C (101°F) or < 36.1°C (97°F) WBC > 12,000 or < 4,000 or >10% Bands

STEP #2 To be completed by Physician

Sepsis NOT indicated, systemic response
 STOP no further action needed

DIAGNOSIS: Sepsis Severe Sepsis Septic Shock Initial Sepsis order set in CPSE or attached paper Sepsis Order Set

Provider Signature: _____ Date: _____ Time: _____

STEP #3 To be completed by RN

To be completed within first 1 HR of Sepsis start Time: _____ Initiate fluid resuscitation (Lactate Acid > 4 or SBP < 90 or MAP < 65)
 Initial Lactate Acid Level _____ Start Time: _____ Crystalloid Fluid 30 mL/kg Initial Ordered Volume _____ mL
 Blood Cultures > 2 (BPP/MS) after Time Drawn: _____ Start Time: _____ BP every 15 x 2 within 1 hour of fluid resuscitation completion
 ABX _____ Start Time: _____ BP _____ Time: _____ BP _____ Time: _____
 ABX _____ Start Time: _____

Notify provider when crystalloid fluid resuscitation complete IF:
 • Patient has persistent hypotension SBP < 90, MAP < 65
 • Initial lactate level > 4
 • Initiate 6 HR Bundle SEPTIC SHOCK team to complete focused exam (STEP #4), and (STEP #5) if indicated.

STEP #4 To be completed by Physician if initial lactate level is > 4 OR if SBP < 90, MAP < 65 after fluid resuscitation

To be completed within first 6 HRS of Sepsis Shock Time: _____
 Sepsis Focused Assessment after fluid resuscitation initiated
 vital signs reviewed Sepsis Focused Exam completed

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

STEP #5 To be completed by RN

To be completed within first 6 HRS of Sepsis Shock Time: _____
 Refill Lactate Level _____ Start Time: _____ (if initial > 4)
 Persistent hypotension after fluid resuscitation SBP < 90, MAP < 65 Call provider to obtain order for vasopressor
 Vasopressor _____ Start Time: _____ Vasopressor _____ Start Time: _____
 B: _____ Time: _____

Time (required) Date (required) RN Signature (required)
 Time (required) Date (required) Physician Signature (required)

MI 1708-259 Page 1 of 4
 Revised 01/2020