

McLaren Print System Order

Order No: 43006
 Order Date: 2019-02-21
 User: jacqueline silva
 Phone: 810-342-2270

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

Forms

Quantity: 100
 Paragon Dept No: 23040
 Dept Name: 10 south
 Company Number: 60

Order Total Price: 42.00

Item Number: 1708-259
 Item Description: Proposed Modified Sepsis Bundle Order Set
 Revision Date: 1/3/2019
 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 Arrival Time: _____
 BP: _____ HR: _____ RR: _____ SpO₂: _____ Temp: _____

Sepsis, Inflammatory Response Syndrome (SIRS) Quick Sepsis Related Organ Failure Assessment (qSOFA)

If two or more are met, Initiate Rapid Response Sepsis If two or more are met, Initiate Rapid Response

HR > 100 Systemic BP < 100

Temp > 38.3 C (101.3 F), or < 36.3 C (97.3 F) Respiratory Rate > 20

Respiratory Rate < 10 Acute Change in Level of Consciousness or Neuro Status GCS < 15

WBC > 12,000, or < 4,000, or 10% Bands

STEP #2: To be completed by Provider

Initiate Sepsis Protocol CXR/CXR Sepsis Severe Sepsis Septic Shock

Sepsis NOT indicated, symptoms related to: _____
 (See RFP indicate sepsis orders) Provider Signature: _____ Date: _____ Time: _____

STEP #3: To be completed by RN

To be completed within first 2 HRS of alert Time: _____

Initial Lactate Level: _____ Draw Time: _____ Crystalloid Fluid 30 mL/kg Initial Target Volume: _____ mL
 Start Time: _____ Stop Time: _____

ABX ordered 30M Start Time: _____ Start Time: _____ BP every 15' x 2 within 1 hour of fluid resuscitation completion.
 Time: _____ BP: _____ Time: _____ BP: _____

Notify provider when crystalloid fluid resuscitation complete IF:
 • Patient has persistent hypotension SBP < 90, MAP < 65
 • Initial lactate level is > 4 to initiate 0-4H Bundle
 • To complete focused exam (STEP #4)

If the RCP cannot be reached, please contact the RN Team at Phone: 810-342-0163

STEP #4: To be completed by Provider

Sepsis Processed Assessment after fluid resuscitation initiated

Vial signs reviewed Sepsis Processed Exam completed

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

STEP #5: To be completed by RN

To be completed within first 6 HRS of alert if indicated Time: _____

Focused Exam to be completed Repeat Lactate Level: _____ Draw Time: _____ if order is > 20

Persistent Hypotension after fluid resuscitation SBP < 90, MAP < 65 Call provider to initiate vasopressor

_____ Start Time: _____ Vasopressor Start Time: _____

By: _____ Time: _____

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

ML 1708-259
 Revised 3/15/2019

Spec Info: