

## McLaren Print System Order

Order No: 44057  
 Order Date: 2019-03-28  
 User: Renee Bell  
 Phone: 810 342 2406

Ship Location: 6 central mclaren flint attn renee  
 401 s ballenger hwy  
 flint michigan 48532,

### Forms

Quantity: 100  
 Paragon Dept No: 23090  
 Dept Name: transitional care unit telemetry  
 Company Number: 60

Order Total Price: 42.00

Item Number: 1708-259  
 Item Description: Proposed Modified Sepsis Bundle Order Set  
 Revision Date: 1/19/2019  
 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: \_\_\_\_\_

Symptoms, Infection(s), Response, Sensations (SIRS) \_\_\_\_\_ Quick Sepsis Related Organ Failure Assessment (SOFA) \_\_\_\_\_

**Yes on 2 or more AND/OR, INITIAL Rapid Response Sepsis**  **Yes on 2 or more AND/OR, INITIAL Rapid Response**  
 HR > 100  Sepsis MP > 100  
 Temp > 38.3 (101.3 F) or < 36.0 (96.8 F)  Respiratory Rate > 20  
 RR > 20, SpO2 < 92% or < 90% SatO2  Acute Change in Level of Consciousness or Neuro Status (GCS < 15)

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

Initiate Sepsis Protocol  Sepsis  Severe Sepsis  Septic Shock

Sepsis NOT indicated, symptoms related to: \_\_\_\_\_  
 (Do NOT initiate sepsis orders)  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**STEP #3 To be completed by RN:**

To be completed within first 2 HOURS of alert Time: \_\_\_\_\_

Initial Lactate Level \_\_\_\_\_ Draw Time \_\_\_\_\_  Crystalloid Fluid 30 mL/kg Initial Target Volume \_\_\_\_\_ mL  
 Blood Culture x 1 BPF/ONE ABX Time Drawn \_\_\_\_\_ Start Time \_\_\_\_\_ Stop Time \_\_\_\_\_  
 ABX ordered (STAT) \_\_\_\_\_ Start Time \_\_\_\_\_  SP away 15' +/- within 1 hour of fluid resuscitation completion.  
 ABX \_\_\_\_\_ Start Time \_\_\_\_\_ SP \_\_\_\_\_ Time \_\_\_\_\_ SP \_\_\_\_\_ Time \_\_\_\_\_

Notify provider when crystalloid fluid resuscitation complete IF:  
 • Patient has persistent hypotension SBP < 90, MAP < 65  
 • Initial lactate level is 2 or greater 0 HR Bundle  
 • To complete focused exam (STEP #4)

If the PIP cannot be reached, please contact the RN Team at  
 Phone: 810-342-8182

**STEP #4 To be completed by Provider:**

Sepsis Focused Assessment after fluid resuscitation initiated.  
 Vitals signs reviewed  Sepsis Focused Exam completed

See/Time of Follow up: Time \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**STEP #5 To be completed by RN:**

To be completed within first 6 HOURS of alert if indicated Time: \_\_\_\_\_

Focused Exam to be completed  Repeat Lactate Level \_\_\_\_\_ Draw Time \_\_\_\_\_ if order is 03  
 Persistent hypotension after fluid resuscitation SBP < 90, MAP < 65  Call provider to initiate vasopressor  
 \_\_\_\_\_ Start Time \_\_\_\_\_  Vasopressor \_\_\_\_\_ Start Time \_\_\_\_\_  
 In \_\_\_\_\_ Time \_\_\_\_\_

Time required: \_\_\_\_\_ Date required: \_\_\_\_\_ RN Signature required: \_\_\_\_\_  
 Time required: \_\_\_\_\_ Date required: \_\_\_\_\_ Physician Signature required: \_\_\_\_\_

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 1708-259  
 Received 1/19/2019

Spec Info: