

McLaren Print System Order

Order No: 49376 Reprint Previous Order No: 31771
 Order Date: 2019-10-10
 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: _____ SPO₂: _____ Temp: _____

Systemic Inflammatory Response Syndrome (SIRS) [\[Link\]](#) Quick Sepsis Related Organ Failure Assessment (SOFA) [\[Link\]](#)

Sepsis as defined by SIRS Sepsis as defined by SOFA Sepsis as defined by qSOFA Sepsis as defined by NEWS

Temp > 38.3 C (101.0 F) or < 36.1 C (96.9 F) Respiratory Rate > 20
 HR > 100 or < 60 RR > 30 Acute Change in Level of Consciousness or Mean Arterial Pressure (MAP) < 65

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)

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 in 2 BAPDMS 400 Time Drawn: _____ BP every 15 x 2 within 1 hour of fluid resuscitation completion
 BP _____ Time: _____ BP _____ 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 2153 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 (SAP < 65, 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