

## McLaren Print System Order

Order No: 90843  
 Order Date: 2024-12-13  
 Order Request Date:  
 User: Ryan Long  
 Phone: 248-338-5332

Ship Location: McLaren Oakland ER- East Tower Att: Ryan Long  
 50 N. Perry  
 Pontiac, MI 48342

Brochures  
 Quantity: 500  
 Paragon Dept No: 21600  
 Dept Name: Pontiac ED  
 Company Number:

Order Total Price: 80.75

Item Number: OAK-095  
 Item Description: FINAL ED SEPSIS Checklist  
 Revision Date: 12/2024  
 Print: 1 sided full color  
 Paper: 65# White Cover  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: 3 Hole Side  
 Poster:  
 Misc Info: 8.5x11 Color SS

Patient Label

## SEPSIS

**Time of Chart:**

**Date of Chart:** \_\_\_\_\_

One hour, three hours or four hours as required

**SEPSIS** = Known infection or Suspected infection + 2 SIRS

**Actual weight (kg):** \_\_\_\_\_

**Ideal weight (kg):** \_\_\_\_\_

HW is the one used for fluid bolus calculation

**SEVERE SEPSIS** = Sepsis + One or more signs of organ dysfunction

**MFDC SHOCK** = Severe Sepsis + one or both of the following:

- Hypotension + 2 consecutive readings
- Initial lactate of

**Does the patient have a known, suspected or likely source of infection?**

(Does the patient have fever or other SIRS criteria?)

- WBC  $\geq 12,000$
- RBC  $\geq 100$
- Temp  $\geq 38.3^{\circ}\text{C}$  or  $\leq 36.0^{\circ}\text{C}$
- WBC  $\geq 12,000$  or  $\leq 4,000$  or  $\geq 10\%$  bands

**Does the patient have one or more signs of organ dysfunction?**

- MAP  $\leq 65$  or MAP  $\leq 65$ , or MAP drop of  $\geq 40$  points
- CR  $\geq 1.0$  or urine output  $\leq 0.5\text{ml/kg/hr}$  for 2 hours
- Bilirubin  $\geq 2\text{mg/dL}$
- Lactate  $\geq 2\text{mmol/L}$
- Platelet count  $\leq 100,000$
- INR  $\geq 1.5$  or aPTT  $\geq 40$  secs
- Acute Respiratory Failure

**Items to be completed within 1hrs from TIME ZERO:**

- Initial lactate acid drawn Time: \_\_\_\_\_
- Blood cultures drawn **Before** antibiotics given Time: \_\_\_\_\_
- Broad spectrum anti-biotics given Time: \_\_\_\_\_
- Initiate IV fluid bolus (30 ml/kg required for hypotension or Lactic acid inf) Total Amount Given: \_\_\_\_\_
- \_\_\_\_\_ Time Initial 30 ml/kg Fluid Bolus Complete: \_\_\_\_\_
- Document repeat S/P within 15 min of bolus complete (Sens and O<sub>2</sub>) Time: \_\_\_\_\_ S/P: \_\_\_\_\_

In patients  $\geq 60\text{kg}$  and MAP does not be determined in 15 min, a fluid bolus must be calculated at  $30\text{ml/kg}$  (portion can have an ideal body weight if patient is obese, but this must be documented above and in IQR that ideal body weight is being used).

**Items to be completed within 6hrs from TIME ZERO:**

- Obtain repeat Lactic Acid for any initial result  $\geq 2$  (portion must have 6P without 2nd lactate result) Time: \_\_\_\_\_
- If patient has persistent or new hypotension, initiate vasopressor Time: \_\_\_\_\_
- Physician to document re-perfusion assessment here and in IQR Time: \_\_\_\_\_

Spec Info: Original Poster Size

Form must be completed in ED before patient moves to any floor. Please place completed form in sepsis binder.

