

McLaren Print System Order

Order No: 91520
 Order Date: 2025-01-14
 User: Kelly Morrison
 Phone: 5864932372

Ship Location: Kelly Morrison McLaren Macomb ED
 1000 Harrington BLVD
 Mt Clemens , MI 48043

Form
 Quantity: 500
 Paragon Dept No: 216001175
 Dept Name: 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

Time of Onset:
 Date of Onset: _____
 Time of Onset: _____
(Time of Onset is based on patient's last recognized)

4-hour Weight (kg): _____
 Ideal Weight (kg): _____
(ID is the one used for fluid bolus calculations)

SEPSIS = Known infection or Suspected infection + 2 SIRS

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

SEPTIC SHOCK = Severe Sepsis + one or both of the following

- Hypotension + SBP \leq 2 consecutive readings
- Initial lactate ≥ 4

Does the patient have a known, suspected or likely source of infection?
 (Does the patient have two or more SIRS criteria?)

- RR ≥ 20
- 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?

- SBP ≤ 90 or MAP ≤ 65 , or SBP drop of ≥ 40 points
- CR ≥ 2.0 or urine output $\leq 0.5\text{mL/kg/hr}$ for 2 hours
- Infiltrative $\geq 2\text{mg/dL}$
- Lactate $\geq 2\text{mmol/L}$ (Considered elevated at 2.5 mmol/L)
- Platelet count $\leq 100,000$
- RR ≥ 10 or $\text{pH} \leq 7.35$ or $\text{pO}_2 \leq 60$
- Acute Respiratory Failure (Respiratory distress and O_2 saturation $\leq 92\%$ on room air)

Items to be completed within 1hrs from TIME ZERO:

- Initial lactate acid drawn Time: _____
- Blood cultures drawn Before and (initial) given Time: _____
- Broad spectrum antibiotics given Time: _____
- Orders for fluid bolus (30 mL/kg required for hypotension or Lactic acid ≥ 4) Total Amount Given: _____
- Time Initial 30 mL/kg Fluid Bolus Complete: _____
- Document repeat B/P within 15 min of bolus complete (here and CMS) Time: _____, B/P: _____
- If fluid bolus (SBP and SPO2) must be documented in ED, if fluid bolus must be calculated at 30mL/kg (physician can base on ideal body weight if patient is obese, but this must be documented above and in CMS that ideal body weight is being used).

Items to be completed within 6hrs from TIME ZERO:

- Obtain repeat Lactic Acid for any initial result ≥ 2 (physician must have ID without 2nd before needed) Time: _____
- If patient has persistent or new hypotension, initiate vasopressor Time: _____
- Physician to document re-perfusion assessment here and in CMS Time: _____

RN Signature: _____

Attending Physician Signature: _____

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

Spec info:

