

McLaren Print System Order

Order No: 91572
 Order Date: 2025-01-15
 User: Ryan Long
 Phone: 248-338-5332

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

Form
 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

Time of Onset:
 Date of Onset Based on Death Report
(This field is required for all patients with a death report.)

SEPSIS = Known infection or Suspected infection + 2 SIRS

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

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

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

- Hypotension (SBP < 90 or 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 >38.3°C or <36.0°C
- WBC >12,000 or <4,000 or >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 <0.5ml/kg/hr for 2 hours
- Infiltrative >2mg/dl
- Lactate >2mmol/L (Considered elevated at 2.5 mmol/L)
- Platelet count <100,000
- RR >3.0 or pH < 7.35 or pO₂ < 60 mmHg
- Acute Respiratory Failure (Respiratory distress and O₂ saturation <92% on room air)

Items to be completed within 1hrs from TIME ZERO:

- Initial lactate acid drawn Time: _____
- Blood cultures drawn Before and/or after given Time: _____
- Document repeat SBP within 15 min of bolus complete (here and CMS) Time: _____, B/P: _____
- Document repeat B/P within 15 min of bolus complete (here and CMS) Time: _____, B/P: _____
- In fluid bolus (SBP and SPO₂ must be documented in CMS, if fluid bolus must be calculated at MM,Ag (bolus can have an 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 Lactate Acid for any initial result <2 (prior to next time OR without 2nd bolus 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.

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Spec info: Original Poster Size