

**McLaren Print System Order**

Order No: 91573  
 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

Brochures  
 Quantity: 500  
 Paragon Dept No: 21600  
 Dept Name: Pontiac ED  
 Company Number: OAK10

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

Spec Info:

Patient Label

## SEPSIS

**Date of Onset:**  
 Date of Onset (Date of Sepsis Start)  
 Time (Hour, Minute, Second or Approximate)

**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

**SEPTIC SHOCK** = Severe Sepsis + one or both of the following:  
 • Hypotension + 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?)

- HR >90
- 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?)

- SOF = 10 or SOFA <10, or SIRS drop of >40 points
- OR >1.5 or urine output <0.5ml/kg/hr for 2 hours
- Bilirubin >2mg/dL
- Lactate >2mmol/L
- Platelet count <100,000
- INR >1.5 or aPTT >40 secs
- Acute Respiratory Failure

**Items to be completed within 3hrs from TIME ZERO:**

- Initial lactate drawn Time: \_\_\_\_\_
- Blood cultures drawn **before** antibiotic given Time: \_\_\_\_\_
- Blood spectrum and lactate given Time: \_\_\_\_\_
- Initiate IV fluid bolus (30 ml/kg required for hypotension or lactate acid ≥4) Total Amount Given: \_\_\_\_\_  
 Time initial 30 ml/kg fluid bolus completed: \_\_\_\_\_
- Document repeat &P within 15 min of bolus complete (Date and TIME) Time: \_\_\_\_\_, &P: \_\_\_\_\_

IV fluid bolus (30ml) and &P time must be documented in EMR. IV fluid bolus must be calculated at ml/kg (patient can base on ideal body weight if patient is obese, but this must be documented above and in EMR 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 (patient cannot have &P without 2nd lactate result) Time: \_\_\_\_\_
- If patient has persistent or new hypotension, initiate vasopressor Time: \_\_\_\_\_
- Physician to document re-perfusion assessment here and in EMR 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.

1048-000-1000