COULD THIS BE SEPSIS?

Use this tracking sheet to record all patients on your ward/ED who meet <u>ANY</u> of the screening criteria described below

SCREEN

Screening initiated: [DD / MM / YY] [HH : MM] (24hr)

Could this be sepsis?
☐ Signs of infection including history or evidence of fever/hypothermia
PLUS ANY of the following
☐ Looks sick/toxic   ☐ Altered behaviour or reduced level of consciousness
☐ Parental and/or clinician concern   ☐ Age younger than 3 months
☐ Immunocompromised*

*For Oncology patients refer to 'Management of Suspected Neutropenic Sepsis Pathway'

Summarise the numbers below and provide fortnightly/monthly updates to your team

- Total number of patients SCREENED on pathway
- Total number of patients TREATED for sepsis or septic shock on the pathway
- Average time from senior medical review to first antibiotics

Operational Definition

Senior medical review time:	The time recorded for *Senior medical review attended* on the Paediatric Sepsis Pathway **Senior medical review attended:** [HH : MM] (24hr)
Antibiotic administration time:	The time recorded in the patient's medication chart when the first antibiotic related to the presentation is administered
Example of calculation:	If senior medical review time is 12:40pm and antibiotics commenced at 1:30pm then the time to first antibiotics is 50 minutes

Any questions
Contact your local Sepsis champion or
email paediatricsepsis@health.qld.gov.au

FACILITY/WARD/DEPARTMENT: _____	START DATE: __ / __ / __	END DATE: __ / __ / __
Place patient label below for all patients who are SCREENED on the Paediatric Sepsis Pathway	Was the patient TREATED for sepsis or septic shock on the sepsis pathway? *Refer to page 2 of pathway*	Provide the 'date/time of senior medical review to first antibiotics commenced time' (hr:mins) *Refer to operational definition above*
Place label here …………….	Yes No	
Place label here …………….	Yes No	
Place label here …………….	Yes No	
Place label here …………….	Yes No	
Place label here …………….	Yes No	

FACILITY/WARD/DEPARTMENT: _____	START DATE: __ / __ / __	END DATE: __ / __ / __
Place label here …………….	Yes No	
Place label here …………….	Yes No	
Place label here …………….	Yes No	
Place label here …………….	Yes No	
Place label here …………….	Yes No	
Place label here …………….	Yes No	

FACILITY/WARD/DEPARTMENT: _____	START DATE: __ / __ / __	END DATE: __ / __ / __
Place label here ……………	Yes No	
Place label here ……………	Yes No	
Place label here ……………	Yes No	
Place label here ……………	Yes No	
Place label here ……………	Yes No	
Place label here ……………	Yes No	