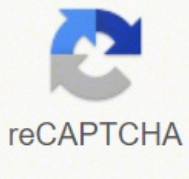




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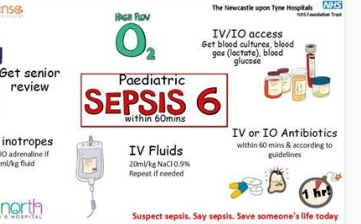
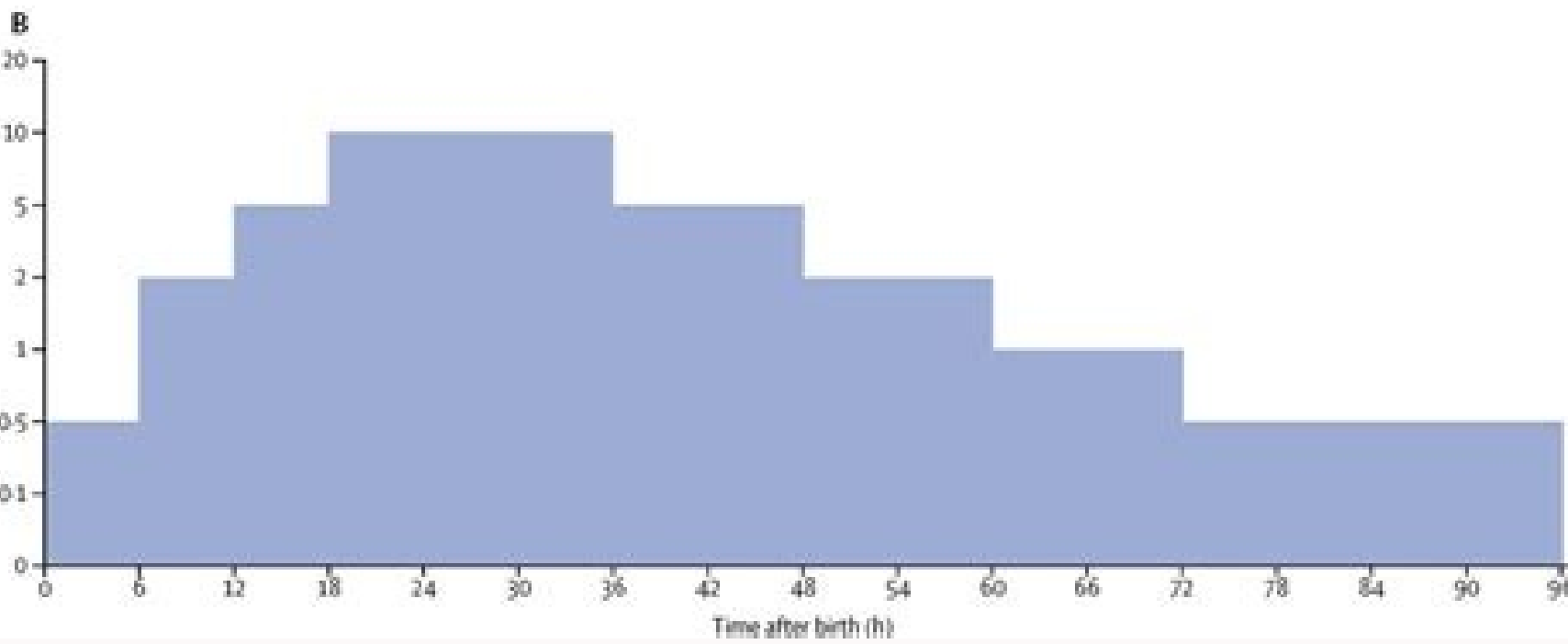


Next

A

Assessment of risk classification (on t-1-12 hours)

Risk factors	Check box if positive			
1 Mother Group B streptococcus positive	<input type="checkbox"/>	A = 0/1		
2 Maternal chorioamnionitis (fever >38.5, fetal tachycardia)	<input type="checkbox"/>			
3 Premature rupture membranes >18 hours	<input type="checkbox"/>			
4 Gestational age <37 weeks	<input type="checkbox"/>			
0 boxes checked? Score 0 ≥1 box checked? Score 1→				
Clinical symptoms	Check box if positive			
1 Respiratory distress or apnoea	<input type="checkbox"/>	B = 0/1		
2 Tachycardia or bradycardia	<input type="checkbox"/>			
3 Arterial hypotension and/or poor perfusion	<input type="checkbox"/>			
4 Hypothermia or hyperthermia	<input type="checkbox"/>			
5 Seizure, floppy infant, irritability, or lethargy	<input type="checkbox"/>			
6 Vomiting or feeding intolerance or ileus	<input type="checkbox"/>			
0 boxes checked? Score 0 ≥1 box checked? Score 1→				
Laboratory findings	Check box if abnormal			
1 White blood cells <5x10 ⁹ cells per L	<input type="checkbox"/>	C = 0/1		
2 C-reactive protein >10 mg/L	<input type="checkbox"/>			
0 boxes checked? Score 0 ≥1 box checked? Score 1→				
Total score A + B + C =				
Culture	Total score	Category	Duration of antibiotic therapy	
			PCT group	Standard group
<input type="checkbox"/> Neg	0/1	Category 4 infection unlikely (low risk)	At least 24 h, stop after 2 consecutive procalcitonin values within range	36-72 h
<input type="checkbox"/> Neg	2	Category 3 infection possible (medium risk)		5-7 days
<input type="checkbox"/> Neg	3	Category 2 infection probable (high risk)		7-21 days
<input type="checkbox"/> Pos	≥1	Category 1 infection proven		



SEVERE SEPSIS SCREENING TOOL

SEVERE SEPSIS SCREENING TOOL

Directions: Screening to be done when PICU Daily Goals sheet is initiated.
Nursing: answer questions #1
PICU resident: answer questions #2 + 3. If all three questions are yes, the patient has severe sepsis.

Screen Initiated: Date: _____ Time: _____ Nurse Name: _____

1) Are any two of the following signs and symptoms of infection both present and new to the patient?

YES, forward the tool to the PICU resident.
 NO, file form in BH Audit bin in Nursing Station.

<input type="checkbox"/> Hyperthermia >38.3 C (101.0F)	<input type="checkbox"/> Chills with rigors	<input type="checkbox"/> Leukocytosis (WBC count >12,000 ut-1)
<input type="checkbox"/> Hypothermia <36 C (96.8 F)	<input type="checkbox"/> Tachycardia (see chart on back)	<input type="checkbox"/> Leukopenia (WBC count <5000 ut-1)
<input type="checkbox"/> Acutely altered mental status	<input type="checkbox"/> Tachypnea (see chart on back)	<input type="checkbox"/> Hyperglycemia (plasma glucose >120 mg/dL in absence of diabetes)

Resident/physician to complete:

2) Is the patient's history suggestive of a new infection? (Check all that apply)

YES, proceed to question #3.
 NO, file form in BH Audit bin in Nursing Station.

<input type="checkbox"/> Pneumonia/empyema	<input type="checkbox"/> Skin/soft tissue inflammation	<input type="checkbox"/> Endocarditis
<input type="checkbox"/> Urinary tract infection	<input type="checkbox"/> Bone/joint infection	<input type="checkbox"/> Implantable device infection
<input type="checkbox"/> Acute abdominal infection	<input type="checkbox"/> Wound infection	<input type="checkbox"/> Other infection
<input type="checkbox"/> Meningitis	<input type="checkbox"/> Blood stream catheter infection	

3) Are any of the following organ dysfunction criteria present at a site remote from the site of the infection that are NOT considered to be chronic conditions?
Note: In the case of bilateral pulmonary infiltrates the remote site stipulation is waived.

YES, severe sepsis is present, order serum lactate level and blood cultures.
 NO, file form in BH Audit bin in Nursing Station.

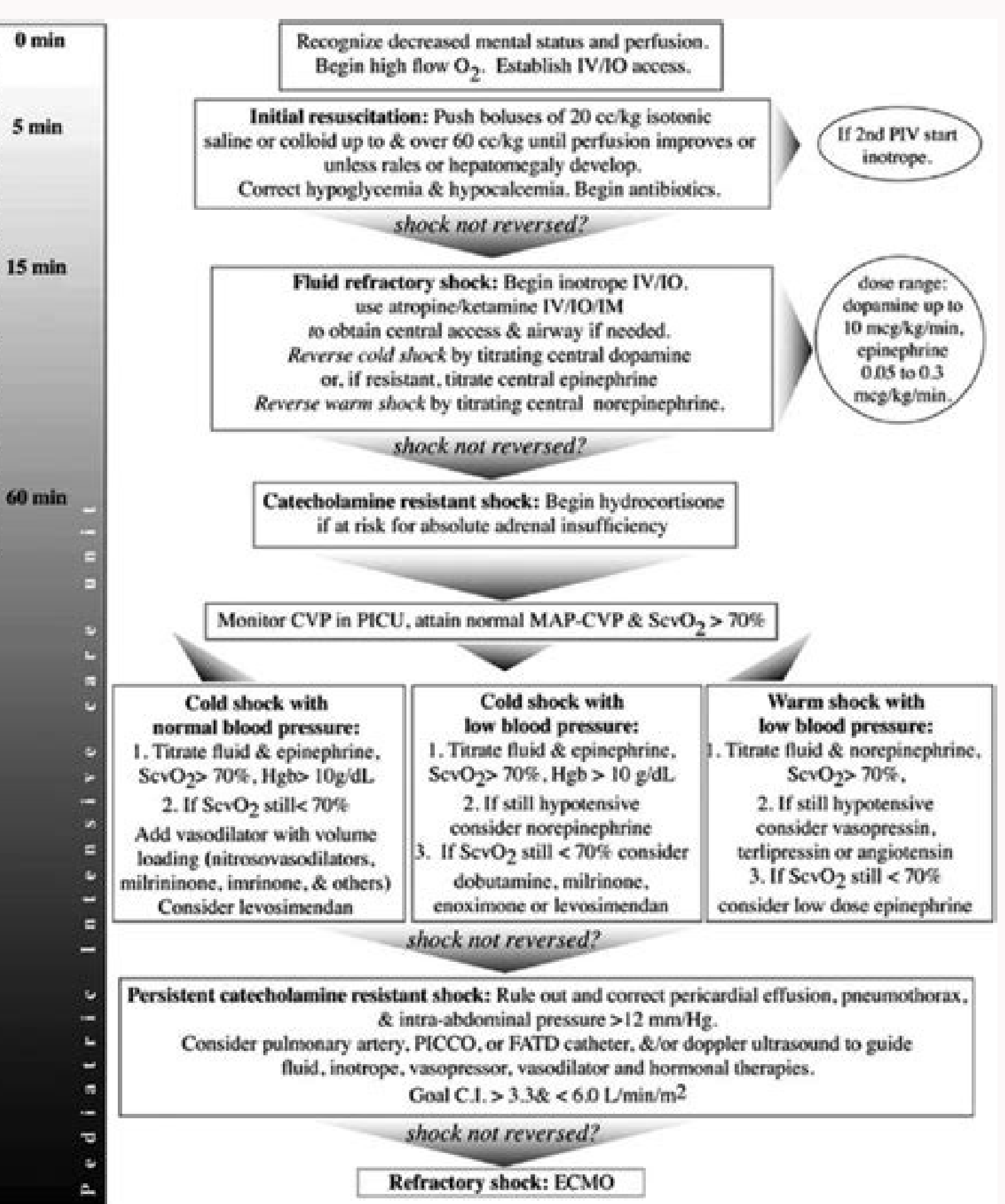
<input type="checkbox"/> SIF (see chart on back)	<input type="checkbox"/> Bilirubin > 2 mg/dL (34.2 mmol/L)	<input type="checkbox"/> Bilateral pulmonary infiltrates with PaO ₂ /FiO ₂ ratio < 300
<input type="checkbox"/> Coagulopathy (INR > 1.5 or aPTT > 60 sec)	<input type="checkbox"/> Bilateral pulmonary infiltrates with a new (or increased) oxygen requirement to maintain SpO ₂ > 90%	<input type="checkbox"/> Other _____

Is the answer yes to all 3 items above? (severe sepsis is present)

- Serum lactate level ordered? Yes, No, Explain:
- Blood cultures ordered? Yes, No, Explain:
- First dose antibiotic considered/administered? Yes, No, Explain:
- Date and time of diagnosis of severe sepsis: _____

Date: _____ Time: _____ Physician Name: _____

NOT A CHART FORM - Fax to 4-5870 if positive



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