Sepsis Cases Data Collection Tool

Patient sticker (optional for follow-up)	Facility: Ward: Admitting Diagnosis: Presumed source of infection:		Identified:	Missed*:
If patient was missed, please fill out missed case/incomplete treatment quality review tool				

Time 2/5 SIRS criteria met	Time: **HH:MM** Date: **DD/MM/YYYY**
	SIRS criteria met (select all that apply):
	☐ HR>90/min ☐ RR>20/min ☐ WBC >12.0 or <4.0 x 10 /L ☐ Change in LOC ☐ Temp ≥ 38°C or < 36°C
Blood pressure	BP at initiation of PPO =
	Did systolic BP ever drop below 90mmHg? ☐ Yes ☐ No Time: **HH:MM**
Time of recognition of sepsis/ initiation of sepsis PPO	Time: **HH:MM** ☐ N/A or PPO not Filled out Date: **DD/MM/YYYY**
Physician response	Time called: **HH:MM** Date: **DD/MM/YYYY** Time responded: **HH:MM** Date: **DD/MM/YYYY** Time arrived at bedside: **HH:MM** Date: **DD/MM/YYYY**
	Alternative diagnosis made (not sepsis) ☐ Yes ☐ No Dx:
Outreach team called?	Time called: **HH:MM** Date: **DD/MM/YYYY** Time arrived at bedside: **HH:MM** Date: **DD/MM/YYYY**
Sepsis bloodwork and lactate measurement	Initial lactate value =
	Time ordered: **HH:MM** Date: **DD/MM/YYYY** Time collected: **HH:MM** Date: **DD/MM/YYYY**
Blood cultures	Prior to antibiotic administration? ☐ Yes ☐ No
	Time ordered: **HH:MM** Date: **DD/MM/YYYY** Time collected: **HH:MM** Date: **DD/MM/YYYY**
	Source of Infection? (Were cultures positive? Where?):
Initial fluid administration	☐ Yes ☐ No If yes, volume ordered =
	Time: **HH:MM** Date: **DD/MM/YYYY**
Initiation of antibiotics	☐ Yes Which antibiotic was ☐ No ordered:_____
	Time ordered: **HH:MM** Date: **DD/MM/YYYY** Time administered: **HH:MM** Date: **DD/MM/YYYY**
Descriptor of Patient Outcome (Discharge, improved, morbidity, ICU, death)	