










EMS IV Fluid Bolus		TYPE: NS or LR		Total Amount Infused: _____ End Time: _____		
<h1 style="text-align: center;">Pediatric Code 1 Sepsis</h1> <h2 style="text-align: center;">Patient Checklist</h2>				Positive Screen Time		
				Date:	Time:	
Goal Time	Measure	Completed	Reason Not Completed	Time	Note	
  <p style="font-size: 24pt; font-weight: bold;">Within 30 Mins</p>	Code Sepsis Paged	<input type="radio"/>			Code to be called Overhead X 85-0142	
		Sepsis Huddle Completed	<input type="radio"/>			Provider MSE documented
		Sepsis MPP Ordered	<input type="radio"/>			
		IV Start/Blood Culture/Labs	<input type="radio"/>	Result:	Collection Time:	Draw blood CX before IV antibiotics If attempted and failed, document "BloodCultures attempted and failed"
		IVF Bolus	<input type="radio"/>		eMar Scan Time:	
 <p style="font-size: 24pt; font-weight: bold;">1 Hour</p>	Antibiotic Started	<input type="radio"/>		eMar Scan Time:	If unable to to get IV access, contact MD to consider IM/IO abx	
Resource Numbers						
PICU WATCH RN	41619	Pedi Transport	47980/47981	Pedi Pharmacy	42082	
HCICU Watch RN	42468	ED Charge RN	41223	Anesthesia	40260	
ED Pharmacist	42021/43540	Pedi ED Team Lead	41335	PICU MD	47001	
Patient Label		RN:				
Turn form in to Pedi Telecom when completed				Not part of the patient's permanent record		