

# SEPSIS SCREENING:

## General Pediatric Units

Identify an RN who is caring for a pediatric patient and together:

### Verify Correct Use of Sepsis Screening Tool:

\_\_\_\_ Pediatric Sepsis Screening Tool is complete with sepsis scoring documented every 4 hours

\_\_\_\_ Pediatric Sepsis Screening Tool is accurate and reflective of the patient's clinical status, WBC, and vital sign documentation in Cerner

\_\_\_\_ Sepsis Risk Factors, if present, are identified on the tool including:

- Patient with a Central Line
- Patient with Significant CNS/ Functional Tech Dependence
- Patient with Immunodeficiency or Immunocompromise

### Verify Correct Sepsis Huddle Initiation:

\_\_\_\_ Positive screens triggered a call to the provider for a "Sepsis Huddle"

\_\_\_\_ A bedside assessment occurred within 15 minutes of a Sepsis Huddle initiation

\_\_\_\_ A Sepsis Huddle, if initiated, was documented on the Pediatric Sepsis Screening Tool

\_\_\_\_ Patients identified as "Peds Sepsis Yellow" or "Peds Sepsis Red" were made Progressive Care Status

\_\_\_\_ Patients identified as "Peds Sepsis Yellow" or "Peds Sepsis Red" had appropriate Sepsis Order Sets initiated

Pass Criteria: All items are in compliance.

### Follow-up:

Give in the moment praise for correct use of sepsis screening tool, identification of sepsis risk factors, and sepsis huddle initiation as indicated

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Missed Criteria: One or more listed items are non-compliant.

Follow-up: In the moment, educate as appropriate.

Ensure nurse addresses non-compliant item(s).

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