STAG SEPSIS

STAG AUDIT: Sepsis Form

Form A

NHS National Services Scotland

Family name: ____________ First name: ____________

Case note number ☐☐☐☐☐☐☐☐☐☐ CHI Number: ☐☐☐☐☐☐☐☐☐☐ Audit No: ☐☐☐☐☐☐☐

1. STAG AUDIT: SEPSIS

Hospital code: ☐☐☐☐☐ Audit No: ☐☐☐☐☐☐☐

Postcode: ☐☐☐☐ ☐ Sex: ☐ Male=1, Female=2 Age: ☐☐☐ yrs

2. Pre-hospital Care

Mode of arrival: ☐ Self=1, Ambulance=2, Air=3

SAS Incident Number: ☐☐☐☐☐☐☐☐☐☐☐ . ☐☐☐

3. Sepsis evidence

Type of possible/new infection(s) at any time within the first 48hrs from attendance to initial area

☐☐ ☐☐ ☐☐ Respiratory Infection=01, UTI=02, Acute Abdominal Infection=03, Implantable device=04, Skin/soft tissue=05, Bone/joint=06, Wound=07, Blood stream catheter=08, Endocarditis=09, CNS Infection=10, Other=11, SEPSIS=12

If other, specify: ____________

Date: ☐☐ . ☐☐ . ☐☐ Source: ☐ ED=1, Ward=2

Record if any 2 or more of the following (at one time) are present and NEW to the patient

No=0, Yes=1

Temp>38.3°C ☐ Temp<36°C ☐ Value ☐☐ . ☐

Tachypnoea>20 min^{-1} ☐ Value ☐☐☐ Tachycardia>90 min^{-1} ☐ Value ☐☐☐

Systolic BP <90mm.Hg ☐ Value ☐☐☐ mm.Hg Acutely altered mental state ☐

WBC>12 *10^{9} /L ☐ Value WBC<4 * 10^{9} /L ☐ Value ☐☐☐ . ☐☐

Normal WBC count with >10% immature forms ☐ Value ☐☐☐ %

Blood Glucose> 7.7 mmol/l (in the absence of diabetes) ☐ Value ☐☐ . ☐

Date: ☐☐ . ☐☐ . ☐☐ Source of information: ☐ ED=1, Ward=2

4. Formal diagnosis of Sepsis?

Sepsis formally diagnosed? ☐ No=0, Yes=1 If Yes, Date: ☐☐ . ☐☐ . ☐☐ Time: ☐☐ : ☐☐

5. Information on Attendance

Date: ☐☐ . ☐☐ . ☐☐ Time: ☐☐ : ☐☐ Initial Area: ☐ ED Resus:=1, Other ED=2, Admissions Unit=3, ED area not specified=4

Most senior doctor present: Dr Grade EM ☐ Dr Grade 2 ☐ Specialty 2 ☐☐ Other specify: ____________

Doctor: Consultant=1, ST/FTSA=2, Foundation Doctor=3, Other Career Grade=4, No other doctor/ specialty=0

Specialty: EM=01, Ortho=02, Anaesthesia=03, ICM=04, General Surgery=05, General Medicine=06, Radiology=07, Other=08, Nurse=10

Temperature: ☐☐ . ☐ °c Heart rate: ☐☐☐ beats/min Respiratory Rate: ☐☐☐ breaths/min

Systolic BP: ☐☐☐ mm.Hg Diastolic BP: ☐☐☐ mm.Hg

ABGs measured? ☐ No=0, Yes=1 O_2 Saturation: ☐☐☐ % on: ☐☐ Litres O_2 and/or: ☐☐☐ O_2%

Glasgow Coma Scale E: ☐ M: ☐ V: ☐ Total GCS: ☐☐ AVPU Score: ☐ (if available)

BM: ☐☐ . ☐ mmol/l Blood Glucose on Admission: ☐☐ . ☐ mmol/l WBC counts: ☐☐☐ . ☐☐ cells/litre

Use "8" to fill all boxes of a particular variable to indicate "not applicable"

Use "9" to fill all boxes of a particular variable to indicate "not known"

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Form B

NHS National Services Scotland

Family name: ______________ First name: ______________

Audit No: [ ][ ][ ][ ][ ][ ][ ]

Hospital code: [ ][ ][ ][ ][ ] Audit No: [ ][ ][ ][ ][ ][ ][ ]

Sex: [ ] Male=1, Female=2 Age: [ ][ ][ ] yrs

6. Physiological Monitoring

First Reassessment: Date: [ ][ ].[ ][ ].[ ][ ] Time: [ ][ ]:[ ][ ]

Number of observations in first 12 hours: [ ][ ]

Type of EWS chart used in the inital area: [ ] SEWS=1, MEWS=2, Modified MEWS=3, Modified SEWS=4

1st Total score on chart: [ ][ ] Date: [ ][ ].[ ][ ].[ ][ ] Time: [ ][ ]:[ ][ ]

Is EWS chart completed appropriately? [ ] [ ] [ ] [ ]

Yes=1, Categories not completed=2, Score not documented=3, Score incorrect=4, Inappropriate timings between observations=5, Other=6,

If other specify: ______________

Does the physiology suggest the need for review? [ ] No=0, Yes=1 If yes, is action taken? [ ] No=0, Yes=1

7. Patient Disposal From Initial Area

Date left: [ ][ ].[ ][ ].[ ][ ] Time left: [ ][ ]:[ ][ ] Destination: [ ][ ] Ward=01, Radiology/PCI=02, HDU=03, ICU=04, SSW=05, CCU=06, Other hospital=07, Mortuary=08, Home=09, Irregular discharge=10, Other=11

If discharged to Other Hospital, was it to ICU? [ ] No=0, Yes=1, If yes, complete discharge information

Ultimate destination for patients whose initial destination was radiology or theatre: [ ][ ]

8. Patient Management

No=0, Yes=1

		Date	Time
Commenced on Oxygen?	[ ]	Date: [ ][ ].[ ][ ].[ ][ ]	Time: [ ][ ]:[ ][ ]
Blood Cultures taken?	[ ]	Date: [ ][ ].[ ][ ].[ ][ ]	Time: [ ][ ]:[ ][ ]
Microbiology positive cultures?	[ ]	Date: [ ][ ].[ ][ ].[ ][ ]	Time: [ ][ ]:[ ][ ]
Source:	[ ] [ ] [ ]	Blood=1, Sputum=2, Urine=3, CSF=4, Stool=5, Other=6	
IV antibiotics given?	[ ]	Date: [ ][ ].[ ][ ].[ ][ ]	Time: [ ][ ]:[ ][ ]
Were oral antibiotics given?	[ ]	Date: [ ][ ].[ ][ ].[ ][ ]	Time: [ ][ ]:[ ][ ]
Clinical signs:	[ ][ ] [ ][ ] [ ][ ]	Date: [ ][ ].[ ][ ].[ ][ ]	Time: [ ][ ]:[ ][ ]

SpO² <90% on room air or on supplemental O²=01, Bilat.pulm.infiltrates with PaO²/FiO² <40=02, SBP<90 mmHg or MABP<65 or on inotropes=03, SBP decrease >40 from base=04, Creatinine>176.8mmol.l-¹ or UO<0.5 ml/kg/hr for 2hrs=05, Bilirubin>34.2 mmol.l-¹=06, Platelets<100x10⁹l-¹=07, INR>1.5 or APTT>60s=08, Lactate>2mmol.l-¹=09

		Date	Time
Critical Care Assessement:	[ ]	Date: [ ][ ].[ ][ ].[ ][ ]	Time: [ ][ ]:[ ][ ]
Was Lactate Measured?	[ ]	Date: [ ][ ].[ ][ ].[ ][ ]	Time: [ ][ ]:[ ][ ]

LACTATE Value (highest if more than one measurement): [ ][ ].[ ] mmol/l

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Form C

NHS National Services Scotland

Family name: ____________ First name: ____________

Audit No: ☐☐☐☐☐☐☐

Hospital code: ☐☐☐☐☐ Audit No: ☐☐☐☐☐☐☐

Sex: ☐ Male=1, Female=2 Age: ☐☐☐ yrs

8. Patient Management (continued)

No=0, Yes=1

Is the SBP<90mmHg? ☐ Or a Lactate >4mmol.l^{-1}? ☐ Or the MAP<65mmHg? ☐

If yes, immediate fluids? ☐ Date: ☐☐.☐☐.☐☐ Time: ☐☐:☐☐

Volume given in 1st hour: ☐☐.☐ L Type: ☐ Crystalloids=1, Colloids=2, Both=3

Did MAP rise to and remain at ≥65? ☐ Or SBP ≥90mmHg? ☐ Or a lactate ≤4mmol.l^{-1}? ☐

If unresponsive to fluid challenge, were vasopressors administered? ☐

Was there a response to the vasopressors? ☐

9. Further Interventions

No=0, Yes=1

CVP measured? ☐ Date: ☐☐.☐☐.☐☐ Time: ☐☐:☐☐ CVP>8 mmHg achieved? ☐

Scv02 measured? ☐ Date: ☐☐.☐☐.☐☐ Time: ☐☐:☐☐ Scv02 >70% achieved? ☐

Vasoactive agents given? ☐ Date: ☐☐.☐☐.☐☐ Time: ☐☐:☐☐

If Hb <7g/dl? was patient transfused ☐ Date: ☐☐.☐☐.☐☐ Time: ☐☐:☐☐

Was the patient ventilated? ☐ Date: ☐☐.☐☐.☐☐ Time: ☐☐:☐☐

RhAPC given? ☐ Date: ☐☐.☐☐.☐☐ Time: ☐☐:☐☐

10. Critical Care

Highest level of care: ☐ Ward=1, HDU/CCU =2, ICU=3

Days in HDU/CCU: ☐☐☐ Date of first admission: ☐☐.☐☐.☐☐ Time: ☐☐:☐☐

Days in ICU: ☐☐☐ Date of first admission: ☐☐.☐☐.☐☐ Time: ☐☐:☐☐

If ICU or HDU/CCU, give WardWatcher **unit code** and **episode key** for **first admission:** ☐☐☐☐☐ ☐☐☐☐☐☐

11. Patient Discharge From Hospital

Outcome: ☐ Dead=0, Alive=1 Discharge Date: ☐☐.☐☐.☐☐ Total in-patient days ☐☐☐

Discharge Diagnosis Sepsis: ☐ No=0, Yes=1, If no, specify: ____________

Patient for Further Audit: ☐☐☐☐ No=0, Initial Area=1, Post Initial Area=2, Transfer=3, Other=4

Reason for Audit: ____________

Comments:

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