**Case Report Form**

Flow-chart for the diagnosis and initial management of sepsis in the post-protocol period.

This form was filled out in the face of a suspicion of sepsis in the post-protocol period.

**History of Temperature ≥ 38°C or ≤ 36°C in the last 12 hours**

NO

NO

YES

YES

**Abnormal leukocyte count (see table)?**

**Abnormal**

**HR or RR?**

**CLOSE THE PROTOCOL AND KEEP THE ENVELOPE IN THE LOCATION FOUND**

YES

YES

**Mark the change found with an “X”:**

 **□** increasedRR without wheezing

 (according to table)

 **□** increasedand sustainedHR for more than

 30min after fever control (according to table)

**SUSPICION OF SEPSIS confirmed! (TIME ZERO)**

**Mark with an “X” the suspicious focus and start the indicated antibiotic.**

|  |  |  |  |
| --- | --- | --- | --- |
| **AGE** | **RESP RATE** | **HEART RATE** | **LEUKOCYTES** |
| 0 day - 1 week | > 50 irpm | > 180 bpm | > 34,000 |
| 1 week - 1 month | > 40 irpm | > 180 bpm | > 19,500 or < 5,000 |
| 1 month - 1 year | > 34 irpm | > 180 bpm | > 17,500 or < 5,000 |
| 2 - 5 years | > 22 irpm | > 140 bpm | > 15,500 or < 6,000 |
| 6 - 12 years | > 20 irpm | > 130 bpm | > 13,500 or < 4,500 |
| 13 - 18 years | > 20 irpm | > 110 bpm | > 11,000 or < 4,500 |

**Case Report Form (cont.)**

Dear Doctor,

You opened this envelope due to a SUSPECTED SEPSIS in your sector, as provided in the institutional SEPSIS PROTOCOL of the Children’s State Hospital. For the objectives of this protocol to be achieved, follow this step by step.

**Patient data:**

[paste the patient tag with name, number, date, and time of opening of the protocol]

**FROM THIS MOMENT ON, THREE ACTIONS CAN PREVENT SERIOUS EVOLUTION OF THIS PATIENT:**

1. **COLLECTION OF 2 BLOOD CULTURES BEFORE ANTIBIOTIC ADMINISTRATION?**

Collected? ☐ NO ☐ Only one blood culture ☐ Not applicable

☐ YES Time, 1st: \_\_\_\_\_\_ ; Time, 2nd: \_\_\_\_\_\_

1. **FLUID ADMINISTRATION: 20 mL/kg – Maximum of 500 mL/each time – in 20 to 30 min (up to 60 mL/kg – maximum of 1,500 mL in 1 hour).**

Done? ☐ NO ☐ Not applicable

☐ YES 1st step - Start time: \_\_\_\_\_\_\_ ; Volume: \_\_\_\_\_\_\_; End time: \_\_\_\_\_\_\_

2nd step - Start time: \_\_\_\_\_\_\_ ; Volume: \_\_\_\_\_\_\_; End time: \_\_\_\_\_\_\_

3rd step - Start time: \_\_\_\_\_\_\_ ; Volume: \_\_\_\_\_\_\_; End time: \_\_\_\_\_\_\_

Other - Start time: \_\_\_\_\_\_\_ ; Volume: \_\_\_\_\_\_\_; End time: \_\_\_\_\_\_\_

1. **ADMINISTRATION OF THE INTRAVENOUS ANTIBIOTIC IN UP TO 1 HOUR FROM THE TIME OF PROTOCOL OPENING.**

Done? ☐ NO ☐ Not applicable

☐ YES Time: \_\_\_\_\_\_\_