

Data Collection Form: Status Epilepticus

Date: _____ Location: _____

Team 1 Team 2 Case start time: _____ Case end time: _____

#	Metrics	Yes	No	Latent Safety Threats
1	6 kg (4.8-7.2) Wt used: _____ kg			
2	Respiratory depression verbalized in the first 3 minutes			
3	Began oxygen non-rebreather OR heated humidified high flow in the first 3 minutes		<input type="checkbox"/> Nasal cannula <input type="checkbox"/> Simple mask <input type="checkbox"/> None	
4	Airway positioned in the first 3 minutes <input type="checkbox"/> Nasal trumpet placed OR <input type="checkbox"/> Jaw thrust, chin lift			
5	Placed IV in the first 3 minutes			
6	Checked bedside glucose in the first 3 minutes			
8	First Dose of Medication Given <input type="checkbox"/> Midazolam <input type="checkbox"/> Keppra <input type="checkbox"/> Fosphenytoin <input type="checkbox"/> Phenytoin <input type="checkbox"/> Propofol <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Other _____	Route: <input type="checkbox"/> IV/IO <input type="checkbox"/> Rectal <input type="checkbox"/> Nasal <input type="checkbox"/> IM	Dose Given:	
9	Second dose of Medication given <input type="checkbox"/> Midazolam <input type="checkbox"/> Keppra <input type="checkbox"/> Fosphenytoin <input type="checkbox"/> Phenytoin <input type="checkbox"/> Propofol <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Other _____	Route <input type="checkbox"/> IV/IO <input type="checkbox"/> Rectal <input type="checkbox"/> Nasal <input type="checkbox"/> IM	Dose Given:	
9	Third Dose of Medication given <input type="checkbox"/> Midazolam <input type="checkbox"/> Keppra <input type="checkbox"/> Fosphenytoin <input type="checkbox"/> Phenytoin <input type="checkbox"/> Propofol <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Other _____	<input type="checkbox"/> IV/IO <input type="checkbox"/> Rectal <input type="checkbox"/> Nasal <input type="checkbox"/> IM		
10	Family presence The parent was allowed to stay			
11	Family-centered care Team interacted with parent			
12	Disposition Verbalized plan to admit/transfer			
13	Cognitive aids used (mark all that apply): <input type="checkbox"/> Broselow <input type="checkbox"/> Smartphone/Online reference <input type="checkbox"/> Other _____ <input type="checkbox"/> None			
14	Medications given (mark all that apply and write the dose): RSI Meds: <input type="checkbox"/> Rocuronium _____ <input type="checkbox"/> Succinylcholine _____ <input type="checkbox"/> Etomidate _____ <input type="checkbox"/> Lidocaine _____ <input type="checkbox"/> Other _____			
15	Did the team intubate? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Notes:

