

Data Collection Form: Transport Sepsis Checklist

Date: _____ Location: _____ Team Members: RN RRT Paramedic

Team Number: _____ APRN EMT MD Other _____

		Yes	No	
1	Verbalize suspected sepsis as a potential differential			
2	Obtain a second access (IV and/or IO is ok)			Team gets credit if IV or IO is obtained
3	Administer 10-20 mL/kg crystalloid fluid bolus utilizing a rapid infusion technique Amount: _____ mL			NS or LR is acceptable
4	Reassess vital signs after the fluid bolus (must assess BOTH of the following) <input type="checkbox"/> Heart rate <input type="checkbox"/> BP			
5	Re-assess physical exam findings after the fluid bolus (must assess 2 of the followings): <input type="checkbox"/> Crackles/Rales <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Cap refill			
6	Administer an additional 10-20 mL/kg crystalloid IV utilizing rapid infusion technique Amount: _____ mL			NS or LR is acceptable
7	Reassess vital signs after the fluid bolus (must assess BOTH of the following) <input type="checkbox"/> Heart rate <input type="checkbox"/> BP			
8	Re-assess physical exam findings after the fluid bolus (must assess 2 of the followings): <input type="checkbox"/> Crackles/Rales <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Cap refill			
9	Administer inotropic agent <input type="checkbox"/> Epinephrine <input type="checkbox"/> Norepinephrine Dose: _____			Any of the followings is ok based on institutional policy regardless of cold vs warm shock. IF Dopamine is used, the team gets credit however please note if this is institution policy/protocol.
10	Verbalize the need or start second IV antibiotic			(1st dose given in ED prior to team arrival)
11	Contact Medical control OR accepting facility to update status patient change			(This can be done at any phase of the scenario)

Notes:

These items were chosen based on the most recent Surviving Sepsis Campaign International Guidelines for the Management of Septic Shock and Sepsis-Associated Organ Dysfunction in Children 2020