

AUDIT TOOL
Infants and Children: Initial management of fever or suspected infection in oncology and stem cell transplantation patients

<p>1. Facility: _____</p> <p>2. Ward: _____</p> <p>3. Auditor's Name: _____</p>	<p><u>*Affix patient label here OR record MRN*</u></p>
<p>4. (a) Date of Triage / Presentation: __/__/____</p> <p>4. (b) Time of Triage / Presentation (in 24hr clock): _____</p>	
<p>5. At the initial assessment, the patient was assessed as:</p> <p> <input type="checkbox"/> Clinically stable <input type="checkbox"/> Clinically unstable <input type="checkbox"/> Severe sepsis / shock <input type="checkbox"/> Not documented </p>	
<p>6. If the patient was assessed as severe sepsis / shock AND the facility is in a rural or regional area:</p> <p>a) Was the senior local paediatrician contacted?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Not documented </p> <p>b) Was NETS contacted?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Not documented </p>	
<p>7. List all observations documented at the initial assessment:</p> <p>a) Respiratory rate: _____ / min e) Heart rate: _____ / min</p> <p>b) Respiratory distress:</p> <p> <input type="checkbox"/> Normal <input type="checkbox"/> mild <input type="checkbox"/> mod <input type="checkbox"/> severe f) Capillary refill: </p> <p> <input type="checkbox"/> <3secs <input type="checkbox"/> ≥3secs </p> <p>c) O2 saturation: _____ % g) Level of consciousness (GCS): _____</p> <p>d) Blood pressure: _____ mmHg h) Any signs of cold shock (diminished pulses, prolonged capillary refill, hypotension)?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented </p> <p>i) Any signs of warm shock (bounding pulses, flash – very rapid capillary refill, wide pulse pressure)?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented </p>	
<p>8. (a) Which antibiotics were prescribed (tick all that apply)?</p> <p> <input type="checkbox"/> Gentamicin <input type="checkbox"/> Piperacillin / Tazobactam <input type="checkbox"/> Vancomycin <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not documented </p>	

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8. (b) What route was used? <input type="checkbox"/> CVAD <input type="checkbox"/> Peripheral <input type="checkbox"/> Not documented
8. (a) Date when administration of the first antibiotic started: __/__/---- 9. (b) Time when administration of the first antibiotic started (in 24hr clock): _____
10. At the initial assessment, what tests were ordered (tick all that apply)? <input type="checkbox"/> Blood Culture <input type="checkbox"/> LFT <input type="checkbox"/> FBC <input type="checkbox"/> BGL <input type="checkbox"/> EUC <input type="checkbox"/> Lactate
11. Any further comments?

Instructions for Completing the Audit:

1. This is a medical record audit.
2. The following patients can be included in the audit:
 Patients aged up to and including 18yrs, presenting with fever > 38°C OR unwell OR with parental concerns who meet ANY of these criteria:
 - Patients on treatment for cancer
 - Patients who ceased treatment for cancer within the last three months
 - Recipients of Stem Cell Transplantation (SCT) within the last 12 months and / or on immunosuppressive therapy
 - Oncology or SCT patients with Central Venous Access Devices (CVAD) in situ.
3. LHDs/SHNs can decide how they make use of this audit tool. The Paediatric Healthcare team suggest including 30% of patients over a 12 month period who meet the requirements set out in (2) above.