**AUDIT TOOL**

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

1. **Facility:** ________________________________  
   *Affix patient label here OR record MRN*

2. **Ward:** ________________________________

3. **Auditor’s Name:** ________________________________

4. **(a) Date of Triage / Presentation:** _ _ / _ _ / _ _ _ _

4. **(b) Time of Triage / Presentation (in 24hr clock):** ________________________________

5. **At the initial assessment, the patient was assessed as:**
   - □ Clinically stable
   - □ Clinically unstable
   - □ Severe sepsis / shock
   - □ Not documented

6. **If the patient was assessed as severe sepsis / shock AND the facility is in a rural or regional area:**
   a) **Was the senior local paediatrician contacted?**
      - □ Yes
      - □ No
      - □ Unclear
      - □ Not documented
   b) **Was NETS contacted?**
      - □ Yes
      - □ No
      - □ Unclear
      - □ Not documented

7. **List all observations documented at the initial assessment:**
   a) **Respiratory rate:** _________ / min  
      b) **Respiratory distress:**
         - □ Normal
         - □ Mild
         - □ Mod
         - □ Severe
      c) **O2 saturation:** _________ %  
      d) **Blood pressure:** _________ mmHg  
      e) **Heart rate:** _________ / min  
      f) **Capillary refill:**
         - □ < 3 secs
         - □ ≥ 3 secs
      g) **Level of consciousness (GCS):** _________
      h) **Any signs of cold shock (diminished pulses, prolonged capillary refill, hypotension)?**
         - □ Yes
         - □ No
         - □ Not documented
      i) **Any signs of warm shock (bounding pulses, flash – very rapid capillary refill, wide pulse pressure)?**
         - □ Yes
         - □ No
         - □ Not documented

8. **(a) Which antibiotics were prescribed (tick all that apply)?**
   - □ Gentamicin
   - □ Piperacillin / Tazobactam
   - □ Vancomycin
   - □ Other: ________________________________
      - □ Not documented

**THIS IS NOT A MEDICAL RECORD FORM**
8. (b) What route was used?

☐ CVAD ☐ Peripheral ☐ 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)?

☐ Blood Culture ☐ LFT
☐ FBC ☐ BGL
☐ EUC ☐ 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:
   o Patients on treatment for cancer
   o Patients who ceased treatment for cancer within the last three months
   o Recipients of Stem Cell Transplantation (SCT) within the last 12 months and / or on immunosuppressive therapy
   o 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.