



## Early Onset Sepsis Risk Audit Proforma

### Paediatric unit admissions – Form 2

**Please complete for all infants**

- born ≥34 weeks gestation AND
- <7 days of age AND
- Started on antibiotics for risk of sepsis

<b>Addressograph</b>
<b>Hospital No.</b>
<b>DOB</b>

**Date of admission to Paediatric unit:** .....

**Primary symptoms on admission:** .....

.....

**Did the baby receive antibiotics after birth?** Yes / No

**Duration of antibiotics at birth:** 36-48 hours  If greater duration – no. of days .....

**Final Blood culture result**.....

**Highest CRP**.....

**Start date of antibiotics** (this admission)..... **End date of antibiotics** .....

**If admitted to HDU/PICU, the reason for admission?** .....

**What was the highest level of respiratory support for the entire episode of illness (including HDU /PICU)?**

Ventilation  Bi-level CPAP  CPAP

Low flow oxygen  High Flow oxygen  No respiratory support

**What was the highest level of Level of circulatory support (including HDU /PICU)?**

Fluid bolus  Inotropes  Emergency blood products  CPR  None

**What was the outcome and final diagnosis?**

Survived  Died

Blood culture positive with pathogenic organism  Organism isolated .....

Blood culture negative  Strong clinical suspicion of bacterial sepsis  Explain .....

.....

CSF culture positive Meningitis  Organism isolated .....

CSF culture negative but abnormal cytology

Culture positive urinary tract infection  Other viral/ non-specific illness  (specify) .....

**Any documented complications during this admission?**

Medication errors  extravasation  High drug levels  Any other issues.....

**Date of discharge from inpatient paediatric care:** .....