Ward documentation for continuous neutropenic sepsis data collection.

Hospital Number	Date and time of temperature spike if inpatient or triage if outpatient	Location of assessment	Triage assessment completed Y/N	Resus management commenced Y/N	Medical assessment completed Y/N	Appropriate investigations performed Y/N	Signs of severe sepsis/ penicillin allergy Y/N	Sixty minute target met Y/N	Integrated care pathway commenced Y/N	PGD used Y/N	Antibiotics given and time of antibiotics	Patient outcome

Y – Yes N – no PGD - Patient group direction

Ward documentation for continuous neutropenic sepsis data collection.

Supporting information for completion of ward documentation:

Location of assessment: Document the ward the patient is on if they are an inpatient or if a new admission document where initial assessment and management was completed.

Triage assessment includes: Early Warning Score recording, IV access, baseline bloods including lactate and peripheral and central cultures.

Please document any of the above which weren't completed. Please specifically document if cultures taken pre/post antibiotics.

Resuscitation management: oxygen if required, IV fluids if required, prescription and administration of first line IV antibiotics. Please document any of the above which weren't completed.

Medical Assessment relates to a full medical history and examination being completed by medical staff.

Investigations: If appropriate chest x-ray, urinalysis and culture, throat swab, sputum, stool sample.

Signs of severe sepsis/penicillin allergy: Please document if any signs of severe sepsis present – altered mental state, oxygen sats <94% or systolic blood pressure <90mmHg. Please document if patient is penicillin allergic.

Sixty minute target met: Yes/No

Integrated neutropenic sepsis care pathway commenced: Yes/No

Patient group direction for nurse led prescribing and administration of first dose antibiotics used: Yes/No

Patient outcome: Document if patient required HDU/ICU support or died secondary to neutropenic sepsis.