



## EHS Paramedic Sepsis Screening Tool for Central Region: Trip Destination to QEII HSC ED only

**Instructions:** Please check off any content that applies. Enter actual numbers where applicable. Please complete and separate the top portion and place into the ED Research box and clip lower portion to the patient chart. Thank you. Please page your supervisor or John Kasemets (478-7624) if you have any questions

☐ PCP ☐ ICP ☐ ACP ☐ CCP MIN \_\_\_\_\_ PCR # \_\_\_\_\_ HUN# \_\_\_\_\_

1. **HISTORY:** ☐ DM ☐ HIV ☐ CRF ☐ Oral steroids or chemo in last 6 weeks ☐ Organ/tissue transplant ☐ None of the above

2. **VITAL SIGNS:** RR \_\_\_\_\_ HR \_\_\_\_\_ B/P \_\_\_\_\_ Does this patient have a fever at present? (Circle) Yes No

Blood sugar (for non-diabetic) \_\_\_\_\_

3. **RECENT FINDINGS (Within last 10 days):**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Implantable device infection   | <input type="checkbox"/> Endocarditis               | <input type="checkbox"/> Pneumonia         | <input type="checkbox"/> Bone/joint infection |
| <input type="checkbox"/> Bloodstream catheter infection | <input type="checkbox"/> Urinary tract infection    | <input type="checkbox"/> Meningitis        | <input type="checkbox"/> Recent antibiotics   |
| <input type="checkbox"/> Acute abdominal infection      | <input type="checkbox"/> Recent ED visit            | <input type="checkbox"/> Wound infection   |   |
| <input type="checkbox"/> Recent hospital stay           | <input type="checkbox"/> Skin/soft tissue infection | <input type="checkbox"/> None of the above |   |

4. **SIGNS & SYMPTOMS: Are any of following signs & symptoms of infection both present and new?**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Meningitis- stiff neck | <input type="checkbox"/> Altered sensorium                 | <input type="checkbox"/> Pulmonary- cough/hypoxia | <input type="checkbox"/> Urinary- foul/puss |
| <input type="checkbox"/> Abdo tenderness        | <input type="checkbox"/> Soft tissue swelling/redness/pain | <input type="checkbox"/> None of the above        |   |

5. **Are any of the following organ dysfunction criteria present and remote from the site of the infection that are not chronic conditions?**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Periumbilical mottling | <input type="checkbox"/> Diaphoresis       | <input type="checkbox"/> Knee mottling | <input type="checkbox"/> Cool peripheral limbs |
| <input type="checkbox"/> SBP < 90mm/hg          | <input type="checkbox"/> None of the above |  |  |

6. **Consider other forms of shock (check if NOT present)**

- ☐ Cardiogenic shock (no ischemic chest pain, CHF, or 12 lead changes - if available)
- ☐ Hypovolemic shock
- ☐ Evidence of major trauma
- ☐ Evidence of major bleeding, ex GI
- ☐ Anaphylaxis (no evidence of allergic trigger, swelling, hives)
- ☐ Evidence of toxic exposure (drug overdose or chemical exposure)

Does this patient have sepsis? (Circle) Yes No Time to complete this form: \_\_\_\_\_ (minutes)

