

Figure S2. Sepsis screening form. This form is from the emergency department. Similar forms have been adapted to inpatient units.

Age	Temp C	HR	RR	Systolic BP
0 d - 1 m	< 36.5 or > 38	> 205	> 60	< 60
≥ 1 m - 3 m	< 36 or > 38	> 205	> 60	< 70
≥ 3 m - 1 y	< 36 or > 38.5	> 190	> 60	< 70
1 y	< 36 or > 38.5	> 190	> 40	< 72
2 y	< 36 or > 38.5	> 140	> 40	< 74
3 y	< 36 or > 38.5	> 140	> 40	< 76
4 y	< 36 or > 38.5	> 140	> 34	< 78
5 y	< 36 or > 38.5	> 140	> 34	< 80
6 y	< 36 or > 38.5	> 140	> 30	< 82
7 y	< 36 or > 38.5	> 140	> 30	< 84
8 y	< 36 or > 38.5	> 140	> 30	< 86
9 y	< 36 or > 38.5	> 140	> 30	< 88
≥ 10 y - 13 y	< 36 or > 38.5	> 120	> 30	< 90
> 13	< 36 or > 38.5	> 110	> 20	< 90

Time Screening Done: _____ Temp: _____ HR: _____ RR: _____ BP: _____

Patient Room #: _____ Age: _____

Positive screen = hypotension, or 3 of 8 other criteria

Hypotension, or 3 of the following 8 criteria:

- 1. Fever or hypothermia
- 2. Tachycardia
- 3. Tachypnea
- 4. Cap refill: ≥ 3 sec or < 1 sec
- 5. Pulse: decreased or bounding
- 6. Skin: mottled, flushed or petechiae/purpura
- 7. Mental status: depressed, highly irritable, confused

8. Presence of a high-risk medical condition:

- Age < 1mo
- Severe MR/CP
- Central line (Mediport, Broviac, PICC)
- Malignancy
- Transplant
- Asplenia (including Sickle Cell Disease)
- Other immunocompromised

Screen is positive:

Notified Attending or Fellow MD Yes No

Huddle at bedside with MD? Yes No

ED Septic Shock PowerPlan ordered Yes No

If not hypotensive, and only 2 criteria met:

Information reviewed with and given to Attending or Fellow MD Yes No

Comments: _____

Date _____ Time _____ RN Signature _____