

**Critical Actions Checklist for Observation
Tier 1 Providers**

Septic Shock:

Circle one

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|---|-----|----|
| 1. States that patient is in septic shock | YES | NO |
| 2. Calls for more resources (if available) | YES | NO |
| 3. States whether patient is or is not malnourished | YES | NO |
| 4. States whether patient is or is not severely anemic | YES | NO |
| 5. Attempts to place IV or IO (if available) | YES | NO |
| 6. Initiates appropriate fluid management | | |
| a. For a child in shock without anemia or malnutrition, initiates IV/IO/NG/OG fluid resuscitation with 10 -20 mL/kg of normal saline or Lactated Ringer's over 30 minutes | YES | NO |
| b. For a child in shock with malnutrition, initiates IV/IO/NG/OG fluid resuscitation with 10 - 15 mL/kg of dextrose-containing fluids over 1 hour | YES | NO |
| c. For a child in shock with severe anemia, states that a blood transfusion should be given if available | YES | NO |
| 7. States indications for transfer, if applicable | YES | NO |
| a. Severe anemia | | |
| b. Septic shock in a malnourished child | | |
| c. If the patient needs IV antimicrobial therapy | | |
| d. If there is no improvement or worsening after the first fluid bolus | | |

Trauma:

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| 1. States that either the patient is a trauma patient or that the patient needs a trauma evaluation. | YES | NO |
| 2. Calls for more resources (if available) | YES | NO |
| 3. Performs a primary assessment including: | | |
| a. States an assessment of patient's airway | YES | NO |
| b. States an assessment of patient's breathing | YES | NO |
| c. States an assessment of patient's circulation | YES | NO |
| d. States the patient's Glasgow Coma Score | YES | NO |
| e. Exposes patient's entire body while maintaining modesty | YES | NO |
| 4. States whether or not the child needs immobilization of the cervical spine. | YES | NO |
| 5. Applies a splint to an extremity with a suspected fracture, if applicable. | YES | NO |
| 6. States indications for transfer if applicable: | YES | NO |
| a. Any abnormality of the primary survey | | |
| b. Need for advanced testing, imaging or specialist consultation | | |
| c. Bleeding that cannot be controlled with direct pressure | | |
| d. Bleeding requiring placement of a tourniquet | | |

Respiratory Distress:

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| 1. States that child is in respiratory distress | YES | NO |
| 2. Calls for more resources (if available) | YES | NO |
| 3. Checks respiratory rate | YES | NO |
| 4. Ensures proper airway alignment by performing head tilt/chin lift, jaw thrust, or placing a towel beneath the shoulders | YES | NO |
| 5. Initiates oxygen therapy by any means, if available | YES | NO |
| 6. States whether the patient is having respiratory distress from an upper airway condition or a lower airway condition. | YES | NO |
| 7. If available, performs proper bag-valve-mask ventilation of a patient with no spontaneous breathing or inadequate breathing, including: | | |
| a. Chooses the correct-sized mask (covers nose and mouth without placing pressure on eyes or fitting past the chin) | YES | NO |
| b. Ensures adequate mask-face seal | YES | NO |
| c. Assesses chest rise with ventilations | YES | NO |
| d. If no chest rise, repositions airway | YES | NO |
| 8. States indications for transfer if applicable: | YES | NO |
| a. Patient requiring oxygen | | |
| b. Patient is in severe respiratory distress | | |
| c. Patient in respiratory failure | | |