Request staff within your area complete this survey BEFORE education and implementation of the Paediatric Sepsis Pathway.

Rerun this survey at least 3 months AFTER pathway implementation to measure and compare results**.**

Print this out or create an online survey using Office 365 Forms.

**Paediatric Sepsis Knowledge Survey**

***Your Details***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Date Survey Completed**  \_\_\_ / \_\_\_\_ / 21\_\_\_\_ 2. **Facility** | | | | |  |
| 1. **What kind of clinician are you?** | * Medical Intern * Medical Registrar * Medical Consultant * Clinical Facilitator * Enrolled Nurse * Endorsed Enrolled Nurse * Registered Nurse * Clinical Nurse | | | * Nurse Unit Manager * Nurse Educator * Clinical Nurse Consultant * Nurse Practitioner * Research Nurse * Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **How long have you been working in Paediatrics?** | | * 6-11 months * 1-3 years * 4-6 years | * 7-9 years * 10+ years | | |

*In the following section we are interested in exploring your knowledge of sepsis and the way in which*

*it is recognised, escalated and managed within your department.*

***Recognising***

|  |  |  |
| --- | --- | --- |
| **5. What is the 2016 definition of sepsis?**  **(Select all that are applicable)** | * A severe Flu * The body’s response to infection which injures tissues and organs * An uncontrollable fever causing rigors | * Infection with Systemic Inflammatory Response Syndrome * Unsure |
| **6. What factors would prompt you to explore a patient for sepsis?**  **(Select all that are applicable)** | * Productive cough * Re-presentation to health service * Parental concern * Altered behaviour * Reported history of fever or hypothermia | * Looks ‘sick’ * Unexplained pain /restlessness * Vomiting * Blanching rash * Runny nose * Unsure |
| ***Escalating*** |  |  |
| **7. What is your understanding of ‘the golden hour’ in sepsis?** | * Antibiotics must be given within an hour from admission time with any child with a suspected bacterial infection * All antibiotics must be completed within an hour from admission time in children with sepsis * Targeted timeframe for all bundle elements to be commenced from recognition of septic shock | * Refers only to cardiac and stroke patients * Timeframe to refer a patient to ICU * Unsure |

|  |  |  |
| --- | --- | --- |
| ***Managing*** |  |  |
| **8. What typically guides your practice for managing children with sepsis?**  **(Select all that are applicable)**  Please specify what guides your practice for managing children with sepsis: | * Independent/individual clinician advice * Memory of Evidence Based Practice * Depends on presentation * Clinical experience   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * HHS specific guideline * QLD Paediatric Sepsis Pathway * Combined Adult and Paediatric guideline * Other (please specify |
| **9. What resources do you currently use to help administer antibiotics to paediatric patients with sepsis in your ward/department?**  **(Select all that are applicable)** | * Australian Injectables Handbook * Ward/ED/local pharmacist * Local guideline (please specify name)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­   * Other hospital’s guideline/procedure (please specify name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * QLD Paediatric Sepsis Pathway | * Seek senior/speciality colleague support * Limited resources available-clinical experience guides me * RCH Paediatric Injectable guidelines (via CKN) * Online resources (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **10. What is the recommended amount of fluid that is given for initial resuscitation of septic shock in children?** | * 20ml/kg in 5ml/kg aliquots * Up to 40-60ml/kg in 10-20 ml/kg aliquots * 20ml/kg is maximum amount before inotropes are commenced | * Continue to give fluids until MAP normalised * Inotropes should be commenced anytime in patients that look peri-arrest * Unsure |

**Self-reported barriers and facilitators to recognition, escalation and management of paediatric sepsis:**

**Circle the answers from 1 ‘strongly disagree’ to 7 ‘strongly agree’**

*In this section we are interested in exploring your knowledge and beliefs surrounding recognising, escalating and managing paediatric patients with sepsis in your department.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | | | | **7** | | | |
| **Strongly Disagree** | **Disagree** | **Slightly Disagree** | **Neutral** | **Slightly Agree** | **Agree** | | | | **Strongly Agree** | | | |
| **Items** | | | | | **Ranking** | | | | | | | |
| **Recognising:** | | | | |  |  |  |  | |  |  |  |
| 11. I am often triggered to think about sepsis in children by the level of parental concern voiced | | | | | 1 | 2 | 3 | 4 | | 5 | 6 | 7 |
| **Managing:** | | | | |  |  |  |  | |  |  |  |
| 12. Delivering the treatment bundle on the sepsis pathway is part of my role as a clinician | | | | | 1 | 2 | 3 | 4 | | 5 | 6 | 7 |

*In this next section we are interested in exploring your confidence and skills in recognising, escalating and managing paediatric patients with sepsis in your department.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | | | | **7** | | | |
| **Strongly Disagree** | **Disagree** | **Slightly Disagree** | **Neutral** | **Slightly Agree** | **Agree** | | | | **Strongly Agree** | | | |
| **Items** | | | | | **Ranking** | | | | | | | |
| **Recognising:** | | | | |  |  |  |  | |  |  |  |
| 13. I am confident that I could recognise sepsis in a paediatric patient | | | | | 1 | 2 | 3 | 4 | | 5 | 6 | 7 |
| **Managing:** | | | | |  |  |  |  | |  |  |  |
| 14. I have the skills to calculate and deliver a fluid bolus to a paediatric patient as rapidly as their condition demands | | | | | 1 | 2 | 3 | 4 | | 5 | 6 | 7 |

*In this section we are interested in exploring your experience with organisational structures and the way in which care is given encompassing recognising, escalating and managing paediatric patients with sepsis in your department.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | | | | **7** | | | |
| **Strongly Disagree** | **Disagree** | **Slightly Disagree** | **Neutral** | **Slightly Agree** | **Agree** | | | | **Strongly Agree** | | | |
| **Items** | | | | | **Ranking** | | | | | | | |
| **Managing:** | | | | |  |  |  |  | |  |  |  |
| 15. In my area, I think there are all the necessary resources available to efficiently manage paediatric sepsis | | | | | 1 | 2 | 3 | 4 | | 5 | 6 | 7 |

*In the next section**we are interested in exploring your perception of your organisation when recognising, escalating and managing paediatric patients with sepsis in your department.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | | | | **7** | | | |
| **Strongly Disagree** | **Disagree** | **Slightly Disagree** | **Neutral** | **Slightly Agree** | **Agree** | | | | **Strongly Agree** | | | |
| **Items** | | | | | **Ranking** | | | | | | | |
| **Recognising & Escalating:** | | | | |  |  |  |  | |  |  |  |
| 16. I can easily escalate my concerns to a Senior Medical Officer that a child could have sepsis: | | | | | 1 | 2 | 3 | 4 | | 5 | 6 | 7 |

**17. Comments:**

(Optional) Do you want to add any further information or comments for consideration, in addition to your survey responses?

***Knowledge Survey answers (Q5, Q6, Q7 and Q10 can be requested from*** [***paediatricsepsis@health.qld.gov.au***](mailto:paediatricsepsis@health.qld.gov.au)***)***