

# DeCon Multi-site Audit

## Clinical Audit Questionnaire

The Clinical Audit Questionnaire can be completed by any member of the clinical paediatric team (nurse or doctor). You must use the patient's clinical record to complete the data and enter the patient's details into the Audit Logbook. **Any documentation (clinical notes, observations charts, pathology reports etc.) where information is recorded is evaluated as positive evidence.**

The inclusion and exclusion criteria for each case must be checked before commencing completion of the audit questionnaire.

### Inclusion criteria

- Age- 0 to less than 18 years
- Presents to hospital (Emergency department, Paediatric Intensive Care Unit, Paediatric Assessment Unit)
- Decreased conscious level defined as a Glasgow Coma Score (GCS) of 14 or less or being responsive only to voice, pain, or being unresponsive on the AVPU scale.

### Exclusion criteria

- A previously diagnosed condition which is known to be the cause of the decreased conscious level such as previously diagnosed epilepsy, possessing a ventriculo-peritoneal shunt or a previously diagnosed metabolic condition with an agreed plan of care for acute admissions.
- A Glasgow Coma Score less than 15 on a day to day basis
- Preterm infants on a NICU or full term infants who have a decreased conscious level from the moment of birth onwards (except where these children present to hospital after discharge home and meet all audit criteria).
- Transfers from another hospital NHS or otherwise

**Please complete all questions.**

**To select the appropriate response if applicable, make a cross (X) in the pertinent box.**

## Section A: Details of Patient's Attendance

**Presentation:** An encounter where the patient presents to hospital with a decreased conscious level and meets the specified inclusion criteria for the audit.

**Place of presentation:** The specific area in the hospital where the patient with a decreased conscious level first presents.

### 1. Patient's NHS/Hospital Number

NHS No.	
Hospital No.	

### 2. Patient's date of birth

dd	mm	yyyy

### 3. Date of presentation to hospital

dd	mm	yyyy

### 4. Age at presentation in years

--	--

### 5. Time of presentation to hospital

Time should be entered using the 24 hour clock format.

hh	mm

### 6. Patient's gender

Male		Female		Indeterminate	
------	--	--------	--	---------------	--

### 7. Place of presentation to hospital

Mixed Emergency Department	
Paediatric Emergency Department	
Paediatric Assessment Unit	
Paediatric Intensive Care Unit	
Unknown	

## Section B: Clinical History

**Clinical record:** Refers to any documentation where information is recorded on the patient by any category of clinical staff.

### 8. At presentation to hospital, was the presence or absence of the recommended features of the clinical history documented in the clinical record?

a. Vomiting before or at presentation

Yes		No	
-----	--	----	--

b. Headache before or at presentation

Yes		No	
-----	--	----	--

c. Fever before or at presentation

Yes		No	
-----	--	----	--

d. Convulsions before or at presentation

Yes		No	
-----	--	----	--

e. Alternating periods of consciousness	Yes		No	
f. Trauma	Yes		No	
g. Ingestion of medication or recreational drugs	Yes		No	
h. Presence of any medication in the child's home	Yes		No	
i. Any previous infant deaths in the family	Yes		No	
j. Length of symptoms	Yes		No	

### Section C: Observations and Intubation

9. Were the following observations documented in the patient's clinical record at presentation to hospital?

a. Heart rate	Yes		No	
b. Respiratory rate	Yes		No	
c. Oxygen saturation	Yes		No	
d. Blood pressure	Yes		No	
e. Temperature	Yes		No	

10. Was the child or young person with a decreased conscious level intubated?

Yes (Go to Question 11)	
No (Go to Question 12)	
Uncertain (Go to Question 12)	

11. If yes, what was the reason for intubation?

Select all responses that apply.

Airway obstruction when airway unsupported	
Airway compromised by vomiting	
Respiratory Rate inadequate for oxygenation or ventilation	
Oxygen saturation less than 92% despite oxygen therapy	
Signs of shock despite fluid resuscitation totalling 40 mls/kg or more	
Looks exhausted	
Glasgow Coma Score is 8 or less	
GCS is deteriorating	
Signs of raised intracranial pressure	
Other, specify: _____	

### Section D: Physiological Scoring Systems

AVPU: This abbreviation is Alert, Voice, Pain Unresponsive

GCS: This abbreviation is Glasgow Coma Score

Lowest GCS: The lowest GCS value recorded in the clinical record in the first four hours of presentation to hospital.

12. Which scoring system was documented in the clinical record as being used to evaluate the extent of the patient's conscious level?

AVPU (Go to Question 13 then Go to Question 15)	
GCS (Go to Question 14)	
Both AVPU & GCS (Go to Question 13)	
None (Go to Question 15)	

13. What was the actual AVPU assessment recorded at presentation to hospital?

Alert		Voice		Pain		Unresponsive	
-------	--	-------	--	------	--	--------------	--

14. Glasgow Coma Score value and frequency at presentation to hospital

- a. What was the actual GCS value recorded at presentation to hospital?
- b. What was the lowest GCS value recorded during this episode of the patient's presentation to hospital with a decreased conscious level?
- c. Was the GCS documented in the patient's clinical record every 15 minutes if less than or equal to 12 at presentation to hospital?
- d. Was the GCS documented in the patient's clinical record every hour if greater than 12 at presentation to hospital?
- e. What was the frequency of GCS observations documented in the patient's clinical record at presentation to hospital?

	[ ]	[ ]	
	[ ]	[ ]	
	Yes	[ ]	No
	[ ]	[ ]	Not applicable
	Yes	[ ]	No
	[ ]	[ ]	Not applicable
	Every 15 minutes	[ ]	
	Every 30 minutes	[ ]	
	Every 60 minutes (1 hour)	[ ]	
	Every 90 minutes	[ ]	
	Every 120 minutes (2 hours)	[ ]	
	Uncertain	[ ]	
	Other, specify: _____		

### Section E: Investigations

#### 15. Were the following recommended core investigations conducted within at least 1 hour of presentation to hospital?

- a. Capillary glucose tested within 15 minutes of presentation
- b. Blood gases
- c. Dipstick urinalysis
- d. Laboratory blood glucose
- e. Urea and electrolytes
- f. Liver function tests
- g. Plasma ammonia
- h. Full blood count and film
- i. Blood culture
- j. 1-2ml of plasma to be separated, frozen and saved for later analysis
- k. 1 - 2 ml of plain serum to be saved for later analysis if required
- l. 10 mls urine saved for later analysis

	Yes	[ ]	No
	[ ]	[ ]	[ ]
	Yes	[ ]	No
	[ ]	[ ]	[ ]
	Yes	[ ]	No
	[ ]	[ ]	[ ]
	Yes	[ ]	No
	[ ]	[ ]	[ ]
	Yes	[ ]	No
	[ ]	[ ]	[ ]
	Yes	[ ]	No
	[ ]	[ ]	[ ]
	Yes	[ ]	No
	[ ]	[ ]	[ ]

### Section F: Diagnosis

Working diagnosis: The label used to describe the condition of the child or young person with a decreased conscious level and used to determine the management of their care and treatment at presentation to hospital.

#### 16. On presentation to hospital, did the patient have any of the following documented in the clinical record?

- a. Signs of shock (capillary refill time > 2 seconds, mottled cool extremities, diminished peripheral pulses, systolic blood pressure < 5th percentile for age or decreased urine output < 1 ml/kg/hour)
- b. Presence or absence of a non-blanching rash
- c. Pupil size and response

	Yes	[ ]	No
	[ ]	[ ]	[ ]
	Yes	[ ]	No
	[ ]	[ ]	[ ]
	Yes	[ ]	No
	[ ]	[ ]	[ ]

**17. Did the patient have a working diagnosis (documented in the clinical record) within 4 hours of presentation to hospital?**

Yes (Go to Question 18)	
No (Go to Question 19)	

**18. What was the actual working diagnosis (documented in the clinical record) within 4 hours of presentation to hospital? Select all responses that apply.**

Shock	
Sepsis	
Trauma	
Diabetic Ketoacidosis	
Hypoglycaemia	
Hyperammonaemia	
Non-hyperglycaemic ketoacidosis	
Bacterial meningitis	
Herpes simplex encephalitis	
Intracranial abscess	
TB meningitis	
Raised Intracranial Pressure	
Hypertension	
Prolonged convulsion	
Post-convulsive state	
Febrile seizure	
Cause unknown	
Other, specify: _____	

**19. What was the diagnosis of the underlying cause of decreased conscious level at hospital transfer/discharge/death? Select all responses that apply.**

Shock	
Sepsis	
Trauma	
Diabetic Ketoacidosis	
Hypoglycaemia	
Hyperammonaemia	
Non-hyperglycaemic ketoacidosis	
Bacterial meningitis	
Herpes simplex encephalitis	
Intracranial abscess	
TB meningitis	
Raised Intracranial Pressure	
Hypertension	
Prolonged convulsion	
Post-convulsive state	
Febrile seizure	
Cause unknown	
Other, specify: _____	

**Section G: Management**

Management plan: The plan of care documented in the patient's clinical record encompassing the investigations and treatment to be performed within four hours of presentation to hospital with a decreased conscious level.

**20. Did the patient have a management plan in place (documented in the clinical record) within 4 hours of presentation?**

Yes		No	
-----	--	----	--

**21. Who was the most senior clinician reviewing the patient with a decreased conscious level on presentation to hospital?**

Consultant	
Staff Grade	
Clinical Fellow	
Associate Specialist	
ST1-ST3 or equivalent	
ST4-ST6 or equivalent	
ST7 or equivalent	
ST8 or equivalent	
Uncertain	
Other, specify: _____	

**Section H: Guardian or parental involvement**

**22. During the initial management and resuscitation on presentation to hospital, did the patient have any of the following documented in the clinical record?**

- a. Parents or guardians allowed to stay with the child or young person if they wished
- b. Parents or guardians informed of the possible working diagnosis and treatments required
- c. Parents or guardians informed of the possible prognosis if known

	Yes		No	
	Yes		No	
	Yes		No	

**Section I: Outcome**

**23. What was the outcome of the child or young person who presented to hospital with a decreased conscious level?**

Discharged from area of hospital attendance ( <i>Go to Question 24</i> )	
Transferred ( <i>Go to Question 25</i> )	
Died ( <i>Go to Question 26</i> )	
Unknown	
Other, specify: _____	

**24. If discharged: What was the discharge destination?**

Usual Place of Residence	
Unknown	
Other, specify: _____	

**25. If transferred: What was the transfer destination?**

General ward in the hospital	
Specialist ward in the hospital	
Paediatric Intensive Care Unit	
NHS Other Hospital	
Non-NHS Hospital	
Unknown	
Other, specify: _____	

**26. If died: What was the date of death?**

dd	mm	yyyy

**27. If died: What was the time of death**  
Time should be entered using the 24 hour clock format.

hh	mm

Thank you for completing this form.