

**PERFORMANCE CHECKLIST – PNEUMONIA WITH SEPSIS**

	C O M P L E T E	P R O M P T E D	N O T D O N E		CORE COMP
<b>Initial Assessment</b>				Introduces self to patient	IP
				Establishes IV access, orders IVF bolus, O2	PC
				Elicits AMPLE history	PC
				<i>HEENT exam:</i> Checks mucous membranes	PC
				<i>Lung exam:</i> Observes rate, auscultates	PC
				<i>Neuro exam:</i> Checks pupils, GCS	PC
				<i>CV exam:</i> Checks pulses, perfusion. Auscultates	PC
				<i>Skin exam:</i> Checks for petechial rash	PC, MK
				<i>Abd exam:</i> Auscultates, palpates for tenderness	PC
<b>Intubation</b> <i>(if performed – not a critical action)</i>				Explains to patient need for intubation	IC
				Orders RSI drugs with correct doses :	MK
				<i>Drugs selected:</i>	MK
				Suction at bedside	PC
				Checks ET tube balloon	PC
				Listens over stomach	PC
				Listens bilateral axilla to assess breath symmetry	PC
				Checks ETCO2	PC
				Orders confirmatory xray	PC
			Places NG tube	PC	
<b>Work-Up</b>				Sepsis work-up: CBC, CMP, UA, lactate	PC
				Cultures: blood, urine	PC, SBP
				CXR	PC
				Correctly interprets CXR (left sided pneumonia)	PC
				Orders blood cultures before Abx	
<b>Treatment</b>				Repeats 1L boluses – up to 3 times	PC, MK
				Empiric antibiotics for pneumonia <i>Med given:</i>	PC, MK
				Pressor support (if persistent hypotension) <i>Med/dose given:</i>	PC, MK
<b>Disposition</b>				Admit to MICU	SBP,CS