**Critical Clinical Actions Checklist**

**Pre-brief start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (10 min)**

**ACT I Start Time:**

|  |  |  |
| --- | --- | --- |
| *Goal of Act One is Patient Assessment, identification of SIRS criteria, initiation of septic work-up, and placing patient on monitor* | **Observed** | **Not observed** |
| Assessment of history by physician and/or nurse | *⃝* | *⃝* |
| Patient placed on monitor | *⃝* | *⃝* |
| 2nd IV started | *⃝* | *⃝* |
| CVC ordered | *⃝* | *⃝* |
| Antibiotics ordered (name in text box) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *⃝* | *⃝* |
| CBC ordered | *⃝* | *⃝* |
| CMP ordered | *⃝* | *⃝* |
| U/A ordered | *⃝* | *⃝* |
| Lactate ordered | *⃝* | *⃝* |
| IVF (1 liter) bolus ordered | *⃝* | *⃝* |
| IVF (2nd liter) bolus ordered | *⃝* | *⃝* |
| IVF (3rd liter) bolus ordered | *⃝* | *⃝* |
| Blood culture ordered X 2 | *⃝* | *⃝* |
| Wound culture for decub | *⃝* | *⃝* |
| CXR ordered | *⃝* | *⃝* |
| ECG ordered | *⃝* | *⃝* |
| Identification of SIRS criteria | *⃝* | *⃝* |
| Tylenol given (temp goes down to 99.5 F°) | *⃝* | *⃝* |
| Other (free text comments) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *⃝* | *⃝* |
| Break for debrief 1 after lab work ordered (minimum CBC) |  |  |

End of Act 1 *Facilitator enters simulation at this time to begin Debrief 1* Stop Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Debrief One:  \_\_\_\_\_\_\_\_\_\_\_\_ (10 – 15 minutes)

*Includes cart intro.  Cart intro involves eICU nurse.   Ends with call from eICU nurse confederate about BPA firing, which is triggered by a Lync message.*

|  |  |  |  |
| --- | --- | --- | --- |
| **ACT II** | **Start Time:** | |  |
| *45 min has transpired since patient’s ED arrival. Goal of Act II is to react to BPA with resuscitation, set up cart for surveillance and give IV bolus* | **Observed** | **Not Observed** | |
| Re-assessment by physician and/or nurse | *⃝* | | *⃝* |
| Cart brought to room and turned on | *⃝* | | *⃝* |
| Clinical introductions for telehealth personnel to team/patient | *⃝* | | *⃝* |
| eICU recommendations 30ml/kg fluid | *⃝* | | *⃝* |
| Second IV started | *⃝* | | *⃝* |
| CBC ordered | *⃝* | | *⃝* |
| CMP ordered | *⃝* | | *⃝* |
| U/A ordered | *⃝* | | *⃝* |
| Lactate ordered | *⃝* | | *⃝* |
| IVF bolus ordered (decreases HR to 110 after 1 liter given) | *⃝* | | *⃝* |
| Blood culture ordered | *⃝* | | *⃝* |
| CXR ordered | *⃝* | | *⃝* |
| ECG ordered | *⃝* | | *⃝* |
| Antibiotics \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) | *⃝* | | *⃝* |
| Labs reviewed | *⃝* | | *⃝* |
| Other (free text comments) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *⃝* | | *⃝* |
| Go to Debrief 2 once orders verified and cart set up | *⃝* | | *⃝* |

End ACT II Stop Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Debrief 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Discussion of telehealth value, barriers, work flow (10 minutes)*

*End of Debrief 2 Trigger is eICU nurse call to bedside nurse for notification of change in patient status. Teleconferencing software message from research observer tells eICU when to call the ED.*

**ACT III Start time:**

|  |  |  |
| --- | --- | --- |
| *Goal of Act III is more resuscitation of septic shock. (2 hours has passed since patient’s ED arrival)* | Observed | Not Observed |
| Re-assessment of history by physician and/or nurse | *⃝* | *⃝* |
| Second IV started | *⃝* | *⃝* |
| CBC ordered | *⃝* | *⃝* |
| CMP ordered | *⃝* | *⃝* |
| U/A ordered | *⃝* | *⃝* |
| Lactate ordered | *⃝* | *⃝* |
| Repeat Lactate ordered | *⃝* | *⃝* |
| IVF bolus ordered | *⃝* | *⃝* |
| Vasopressor started (any type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) | *⃝* | *⃝* |
| Blood culture ordered | *⃝* | *⃝* |
| CXR ordered | *⃝* | *⃝* |
| ECG ordered | *⃝* | *⃝* |
| Antibiotics ordered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) | *⃝* | *⃝* |
| Labs reviewed | *⃝* | *⃝* |
| Team member vocalizes Septic Shock | *⃝* | *⃝* |
| Free Text Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Call made for transfer/admission to ICU (this ends ACT III) | *⃝* | *⃝* |

End of ACT III Stop Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Debrief Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All team members plus telehealth present Includes communication strategies, points of contact, conflict communication, details of sepsis hospital concept, barriers vs benefits and when to use. (10 minutes)*

A member of the research team was present in the ED room where the simulation took place and observed the in situ as it transpired in real time. The observer shared their desktop screen via teleconferencing software with the eICU staff who were located at the tertiary hospital site. The above is an example of the critical action’s checklist content shared on the research observer’s desktop. As the observer viewed actions occurring, the checklist was completed. Free text options were available to include notes for special circumstances. This real time checklist completion method provided the situational awareness needed for successful integration of the eICU staff with the ED during the in situ simulation so they could react accordingly as confederates.