A TWO-STEP APPROACH TO IDENTIFYING INPATIENT ADVERSE EVENTS

TOOL IB – SCREENING TOOL (PEDIATRICS)

REVIEWER

Q.1 Reviewer ID : _____

Q.2 Date of data collection : _____

PATIENT

Q.3 Case Number : _____

Q.4 Date of birth *(dd/mm/yyyy)* : _____

Q.5 Sex **(1 = Female, 2 = Male)** : _____

Q.6 Service Line : _____

Q.7 Department : _____

Q.8 Admission status : _____

(1 = Elective, 2 = Acute, 3 = Direct admission, 4 = Don't Know)

Q.9 Date of admission *(dd/mm/yyyy)* : _____

Q.10 Date of discharge *(dd/mm/yyyy)* : _____

Q.11 Discharge disposition : _____

Q.12	Diagnosis	
ICD-9 Code	Description	Type
		A
		1

Discharge Disposition	
DOA	Dead on arrival
DOR	Discharged on request
E	Expired
LAMA	Left against medical advice
SH	Sent home
TR	Transferred
TRV	Transferred due to non-availability of ventilator
TROR	Transferred due to other reasons

Q.13	Procedure	
ICD-9 Code	Description	Type

Diagnosis Type Key	
A	Admitting diagnosis
1	Primary diagnosis
Y	Associated diagnoses
N	Comorbidities
U	New conditions
W	Post-operative complications

Procedure Type Key	
1	Primary procedure
2	Secondary procedure
n	Secondary procedure

ul Hassan SS, *et al. BMJ Open* 2023; 13:e076971. doi: 10.1136/bmjopen-2023-076971

Q.14 Pediatric Comorbidity Index score ☐

No.	Condition Description	Points
1	Any malignancy	5
2	Depression	4
3	Diabetes mellitus	4
4	Epilepsy or convulsions	4
5	Drug abuse or dependence	3
6	Psychotic disorders	3
7	Anemia	2
8	Cardiovascular conditions	2
9	Chromosomal anomalies	2
10	Congenital malformations	2
11	Menstrual disorders	2
12	Smoking	2
13	Weight loss	2
14	Alcohol abuse / dependence	1
15	Anxiety or panic disorder	1
16	Asthma	1
17	Conduct disorders	1
18	Developmental delays	1
19	Eating disorders	1
20	Gastrointestinal conditions	1
21	Joint disorders	1
22	Nausea or vomiting	1
23	Pain conditions	1
24	Sleep disorders	1

NCC-MERP INDEX HARM CATEGORY (HC)	
Code	**Description**
NO ERROR	
A	Circumstances or events that have the capacity to cause error
ERROR, NO HARM	
B	An error occurred but the error did not reach the patient (An "error of omission" does reach the patient)
C	An error occurred that reached the patient but did not cause patient harm
D	An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm
LIKELY AN ADVERSE EVENT	
ERROR, HARM	
E	An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention
F	An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization
G	An error occurred that may have contributed to or resulted in permanent patient harm
H	An error occurred that required intervention necessary to sustain life
ERROR, DEATH	
I	An error occurred that may have contributed to or resulted in the patient's death

TRIGGER COMPONENTS

Q.15	GENERAL CARE COMPONENT		
CODE	**TRIGGER**	**HC**	**EVENT DESCRIPTION**
PG1	Early warning score[1]		
PG2	Tissue damage or pressure ulcer[2]		
PG3	Readmission within 30 days[3]		
PG4	Unplanned admission[4]		
PG5	Abnormal cranial imaging[5]		
PG6	Respiratory or cardiac arrest / crash calls[6]		
PG7	Diagnostic imaging for embolus / thrombus ± confirmation[7]		
PG8	Complication of procedure or treatment		
PG9	Transfer to higher level of care (including specialist unit/ICU/HDU)[8]		
PG10	Hypoxia O_2 sat <85%[9]		
PG11	Cancelled elective procedure / delayed discharge[10]		
PG12	Other		

Q.16	SURGICAL CARE COMPONENT		
CODE	**TRIGGER**	**HC**	**EVENT DESCRIPTION**
PS1	Unplanned return to operating room		
PS2	Change in planned procedure[11]		

PS3	Surgical site infection or hospital acquired urinary tract infection		
PS4	Removal / injury/ repair of organ[12]		
PS5	Other		

Q.17	**INTENSIVE CARE COMPONENT**		
CODE	**TRIGGER**	**HC**	**EVENT DESCRIPTION**
IP1	Readmission to Intensive Care or High Dependency Care[13]		
IP2	Other		

Q.18	**MEDICATION COMPONENT**		
CODE	**TRIGGER**	**HC**	**EVENT DESCRIPTION**
PM1	Vitamin K (except for routine dose in neonates)[14]		
PM2	Naloxone use[15]		
PM3	Flumazenil use[15]		
PM4	Glucagon or glucose ≥ 10%[15]		
PM5	Chlorphenamine or antihistamine[15]		
PM6	Anti-emetics[16]		
PM7	IV Bolus ≥ 10ml/kg colloid or crystalloid given		

PM8	Abrupt stoppage of multiple or long-term medication		
PM9	Other		

Q.19	**LABORATORY TEST COMPONENT**		
CODE	**TRIGGER**	**HC**	**EVENT DESCRIPTION**
PL1	Thrombocytopenia (platelets <100)[17]		
PL2	High INR >5 or aPTT >100[18]		
PL3	Transfusion[15]		
PL4	Abrupt drop in Hb or Hct (>25%)[19]		
PL5	Rising urea or creatinine (>2x baseline)[9]		
PL6	Hypo/Hypernatremia (Na^+ <130 or >150)[20]		
PL7	Hypo/Hyperkalemia (K^+ <3.0 or >6.0)[20]		
PL8	Hypoglycemia (<3mmol/l)[17]		
PL9	Hyperglycemia (>12mmol/l)[17]		
PL10	Drug level out of range		
PL11	MRSA bacteremia		
PL12	C. difficile positive		
PL13	Vancomycin-resistant enterococcus (VRE)		

PL14	Nosocomial pneumonia		
PL15	Positive blood culture[21]		
PL16	Other		

Q.21 Any triggers present? **(1 = Yes, 2 = No)** _____

Q.22 Number of triggers present? _____

Q.23 Number of potential adverse events? _____

Q.24 Please state the positive trigger codes (TC) and whether they were associated with an adverse event (AE) **(1 = Yes, 2 = No)**

TC	AE	TC	AE	TC	AE	TC	AE	TC	AE

[1] Look for lack of a score or incomplete observations, or a score or observation requiring a response.

[2] All pressure ulcers, including tissue damage from intravenous therapy.

[3] Related to a previous admission.

[4] Any unscheduled admission for a known or previously-diagnosed condition.

[5] Excluding congenital anomalies.

[6] Not resulting from an acute, undiagnosed condition or as part of a pathological prognosis. Should include all cardiac or pulmonary arrests occurring intra-op, in the PACU, and first 24 hours post-op.

[7] All in-patient DVTs or PEs. If hospitalization occurs due to a DVT or emboli, look for drug-related causes or association with previous admissions.

[8] Not as part of a pathological prognosis or a pre-planned transfer based on a treatment protocol.

[9] Not as part of a pathological prognosis due to a congenital or chronic condition.

[10] Due to non-clinical reasons or not within reason.

[11] Not due to a change in the patient's clinical condition or unexpected findings.

[12] Not as part of a planned procedure or in trauma cases where it is merited.

[13] Not as part of treatment of a pathological prognosis.

[14] In response to increased INR and with evidence of either bleeding, drop in Hb/Hct or guaiac-positive stool. Not as part of routine administration for neonates.

[15] When given as a result of receiving medical care and not as part of treatment/natural pathology of a known disease/condition.

[16] Excluding intra-op and post-op Recovery Room (RR) administration but including 72 hours period post-op starting from patient being shifted out of RR. Not as part of treatment of a pathological prognosis.

[17] As a result of receiving medical care and not as part of treatment/natural pathology of a known disease.

[18] In the presence of any evidence of a bleed or following a medical intervention.

[19] Within approximately 24-48 hours of receiving a medical treatment/surgical intervention.

[20] According to local lab reference ranges.

[21] Occurring during hospitalization.