

**CDS Request Title:**

**Submission Date:**

- I. GOAL** – What is the problem you are attempting to solve? *Explain the goal of the decision support tool from the perspective of the users who will interact with it.*

As a user who,	As a provider who cares for newborns
I want to be alerted that,	I want to be alerted when the baby has an elevated risk for sepsis based on maternal risk factors
so that I	So that I can order the appropriate blood work and/or antibiotics.

**Scope of Problem** – *Define the frequency of the problem you are trying to solve and share data that you have collected*

**Prior Interventions** – *What has been tried in the past to solve the problem?*

- II. PATIENT POPULATION** – What patient population does the CDS tool need to focus on?

**Include Patients who....**

**Exclude Patients who....**

- III. WHO SHOULD SEE THE CDS TOOL?** Who can fix the problem you are trying to solve?

☐ All Nurses

*Specific nursing roles:*

☐ RN ☐ LPN ☐ CMA ☐ NA ☐ Tech ☐ Nursing students

☐ All Providers

*Specific providers:*

☐ Physician ☐ Fellow ☐ Resident ☐ PA ☐ NP ☐ Student

☐ Anes ☐ CRNA ☐ Midwife

☐ Pharmacist

☐ Social  
worker

☐ Case manager

☐ Research coordinator

☐ RT

☐ PT

☐ OT

☐ ST

☐ Specific Department:

☐ Other:

End User Champion/Owner Name and Contact Information (*Required*):

Is the End User Champion/Owner aware of the request?

☐ Yes

☐ No

Does the End User Champion/Owner agree with the request?

☐ Yes

☐ No

**IV. IMPLEMENTATION** – CDS tools work best when they are part of a larger initiative and supplemented with as part of the initiative

Plan for

☐ Pre-Alert Education

☐ Post-Alert Monitoring

☐ Other:

☐ Communication

☐ Data Collection

☐ Engagement

☐ Gathering Feedback

☐ Consensus

☐ End User Feedback

Describe your implementation plan:

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Your Name:

Number:

Your Department:

Your Role:

☐ Nurse

☐ Social Worker

☐ Provider

☐ PT/OT/ST

☐ Pharmacist

☐ RT

☐ Other: