

TIME bundle

Name: _____
Date of birth: _____
CHI number: _____

Date: / /
Zero time: :

Practitioner name: _____ Practitioner signature: _____

Designation: _____

Initiate TIME within 2 hours (initial and write time of completion)	Assessed/ sent	Results seen	Abnormality found
Think exclude and treat possible triggers			
T			
Investigate and intervene to correct underlying causes			
I			
Management Plan			Completed
M			
Engage and Explore (complete within 2 hours or if family/carer not present within 24 hours)			
E			