

CNA/PCA

Sepsis Case Study (PCA/C N A)

Phyllis is your client that you work with every Monday, Wednesday and Friday in her home after she had a recent hospitalization. You are helping her with her ADL's such as showering, cleaning up her apartment, walking her dog and making her breakfast and lunch. You saw her last on Friday and now on Monday she seems different.

She is arguing with you about how you cleaned up the kitchen, which she has never done before. She has needed help going to the bathroom 3 times already this morning! When you helped her get up you noticed that her skin was clammy and she seemed hot. You ask her if she is in pain and she crankily says "of course I am!"

You call your supervisor in the office and they ask you to get her vital signs:

Heart rate 110

Blood pressure 90/50

Temperature 100

Respiratory rate 26

Actions:

Review your sepsis educational material

What will you tell your supervisor when you report the vital signs?

Call your supervisor

Sepsis Case Study (PCA/ C N A) #2:

Mrs. Taylor, a 53-year-old female that has been receiving Home Care PCA/CNA services three times weekly the past month, vital sign monitoring and bathing. You last saw Mrs. Taylor two days ago and she was feeling great and encouraged that she was finally getting stronger at that time. Today though, when you arrive, Mrs. Taylor is lying in bed and relates she has been weak, nauseated and sweating profusely since soon after her husband left for work this morning. Mrs. Taylor has a history of hypertension and a recent discovery of large B cell lymphoma, for which she is undergoing chemotherapy (the last dose was two weeks ago). Mrs. Taylor also mentions that she has had a lot of burning and urgency when she urinates that started last night and states her lower back has just started hurting as well.

You call your supervisor in the office and they ask you to get her vital signs:

Temperature 102.3

Heart Rate 118

Respiratory Rate 21

Blood Pressure 104/66

Actions:

Review your sepsis educational material

What will you tell your supervisor when you report vital signs?

Call your supervisor

ACT FAST!

Early detection of SEPSIS requires fast action

If resident has suspected infection AND two or more:

- Temperature >100°F or <96.8°F
- Pulse >100
- SBP <100 mmHg or >40 mmHg from baseline
- Respiratory rate >20/SpO2 <90%
- Altered mental status

Plan for:

- Review advance directive
- Contact the physician
- Contact the family

If transferring resident to hospital:

- Prepare transfer sheet
- Call ambulance
- Call in report to hospital
- Report positive sepsis screen

If resident stays in facility, consider options below that are in agreement with resident's advance directives:

- Labs: CBC w/diff, lactate level (if able)
- UA/UC, blood cultures, as able from 2 sites, not from lines
- Establish IV access for IV 0.9% @ 30ml/kg
- Administer IV, PO or IM antibiotics
- Monitor for worsening in spite of treatment, such as:
 - Urine output <400ml in 24 hours
 - SBP <90 despite IV fluids
 - Altered mental status
- Comfort care:
 - Pain control
 - Analgesic for fever
 - Reposition every 2-3 hrs
 - Oral care every 2 hrs
 - Offer fluids every 2 hrs
 - Keep family informed
 - Adjust care plan as needed
- Consider transferring to another level of care such as palliative care, hospice or hospital

Every hour a resident in septic shock doesn't receive antibiotics, the risk of death increases 7.6%

Call the doctor!



Is their **temperature** above 100?



Is their **heart rate** above 100?



Is their **blood pressure** below 100?

And does the resident just not look right? Tell the nurse, **screen for sepsis** and notify the physician immediately.

Signs of infection and sepsis at home

Common infections can sometimes lead to sepsis. Sepsis is a deadly response to an infection. If you think you have sepsis, act NOW!



Green zone

No signs of infection.



Yellow zone

Take action today. Call your doctor or nurse:



Red zone

Take action now! Call or see your doctor now!



Do I have a fever?	No fever in the past 24 hours and not taking medicine for a fever.	Fever between 100 °F to 101.4 °F.	Fever is 101.5 °F or greater.
Do I feel cold?	I don't feel cold.	<ul style="list-style-type: none"> I feel cold and can't get warm. I'm shivering or my teeth are chattering. 	<ul style="list-style-type: none"> Temperature is below 96.8 °F. Skin or fingernails are pale.
How is my energy?	My energy level is as usual.	I'm too tired to do most of my usual activities.	I'm too weak to get out of bed.
How is my thinking?	Thinking is clear.	Thinking feels slow or not right.	My caregivers tell me I'm not making sense.
Are there changes in how I feel after a hospitalization, procedure, infection, or change in wound or I.V. site?	<ul style="list-style-type: none"> I feel well. I had pneumonia, a urinary tract infection (UTI) or another infection. I had a wound or I.V. site. It is healing. 	<ul style="list-style-type: none"> I don't feel well. I have a bad cough. My wound or I.V. site looks different. I haven't urinated (peed) for 5 or more hours. Urine (pee) burns, is cloudy, dark or smelly. 	<ul style="list-style-type: none"> I feel very sick. My wound or I.V. site is painful, red, smells or has pus. I haven't urinated (peed) for 6 or more hours. Urine (pee) is very dark.
Do I need to call 911 or go to the Emergency Room?	I don't need to call 911 or my doctor: <ul style="list-style-type: none"> My heartbeat is as usual. Breathing is normal for me. No fever in the past 24 hours. 	I don't need to call 911 but call my doctor if: <ul style="list-style-type: none"> Heartbeat is faster than usual. Breathing is more difficult and faster than usual. Home blood pressure is 20 points (top number) lower than usual. 	Call 911 if: <ul style="list-style-type: none"> Heartbeat is very fast. Breathing is very fast. Home blood pressure is 40 points (top number) lower than usual. Fever of 103.5 °F or greater. My skin or fingernails are blue.

My plan for preventing infection at home

Things I can do to prevent infection:

- Wash my hands often, using soap and water, especially after touching door knobs.
- Stay away from people who have coughs or colds. Stay away from crowds unless your doctor says it's OK.
- Get recommended vaccines (shots) like flu, whooping cough and pneumonia.
- Eat healthy foods and drink water.
- If just discharged from the hospital, change out toothbrush now. Change out toothbrush every 4 weeks.
- Keep my wounds or I.V. site clean.
- Have a plan for getting help when I am in the yellow zone.

Look for signs of infection:

- Do a daily check up using this stoplight form
- Report any signs of an infection in the yellow right away!
- Watch for sepsis. Sepsis is a very dangerous response to an infection by your body. Sepsis can lead to tissue damage, organ failure and death. **Any one of the signs in the red zone can be a sign of sepsis.** Tell your doctor "I'm concerned about sepsis."

How I will do these things:

ACT FAST!

Early detection of sepsis requires fast action

STOP AND WATCH (INTERACT™)

S - Seems different than usual

T - Talks or communicates less 

O - Overall needs more help

P - Pain: new or worsening; participated less in activities

A - Ate less 

N - No bowel movement in three days or diarrhea

D - Drank less 

W - Weight change 

A - Agitated or nervous more than usual

T - Tired, weak, confused or drowsy 

C - Change in skin color or condition

H - Help with walking, transferring and toileting more than usual



SEPSIS FACT SHEET

A POTENTIALLY DEADLY OUTCOME FROM AN INFECTION

What should I do if I think I have an infection or sepsis?

- Call your doctor or go to the emergency room immediately if you have any signs or symptoms of an infection or sepsis. This is a medical emergency.
- It's important that you say, "I am concerned about sepsis."
- If you are continuing to feel worse or not getting better in the days after surgery, ask your doctor about sepsis. Sepsis is a common complication of people hospitalized for other reasons.

What is sepsis?

Sepsis is a complication caused by the body's overwhelming and life-threatening response to an infection, which can lead to tissue damage, organ failure, and death.

When can you get sepsis?

Sepsis can occur to anyone, at any time, from any type of infection, and can affect any part of the body. It can occur even after a minor infection.

What causes sepsis?

Infections can lead to sepsis. An infection occurs when germs enter a person's body and multiply, causing illness and organ and tissue damage. Certain infections and germs lead to sepsis most often. Sepsis is often associated with infections of the lungs (e.g., pneumonia), urinary tract (e.g., kidney), skin, and gut. *Staphylococcus aureus* (staph), *Escherichia coli* (E. coli), and some types of *Streptococcus* (strep) are common germs that can cause sepsis.

Are certain people with an infection more likely to get sepsis?

Anyone can develop sepsis from an infection, especially when not treated properly. However, sepsis occurs most often in people aged 65 years or older or less than 1 year, have weakened immune systems, or have chronic medical conditions (e.g., diabetes).

A CDC evaluation found more than 90% of adults and 70% of children who developed sepsis had a health condition that may have put them at risk.

Ask your doctor about your risk for getting sepsis. If you suspect sepsis, ask your doctor, "Could it be sepsis?"

What are the symptoms of sepsis?

There is no single sign or symptom of sepsis. It is, rather, a combination of symptoms. Since sepsis is the result of an infection, symptoms can include infection signs (diarrhea, vomiting, sore throat, etc.), as well as **ANY** of the **SYMPTOMS** below:



Shivering, fever, or very cold



Extreme pain or discomfort



Clammy, or sweaty skin



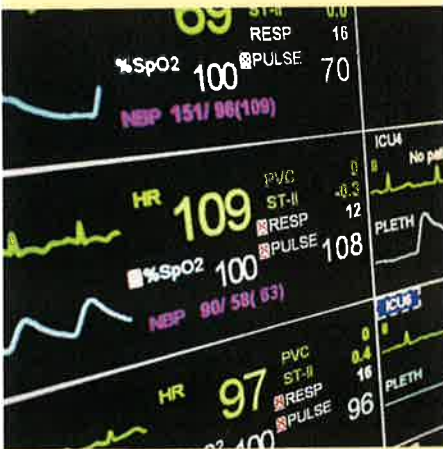
Confusion or disorientation



Short of breath



High heart rate



Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

How is sepsis diagnosed?

Doctors diagnose sepsis using a number of physical findings like fever, increased heart rate, and increased breathing rate. They also do lab tests that check for signs of infection.

Many of the symptoms of sepsis, such as fever and difficulty breathing, are the same as in other conditions, making sepsis hard to diagnose in its early stages.

How is sepsis treated?

People with sepsis are usually treated in the hospital. Doctors try to treat the infection, keep the vital organs working, and prevent a drop in blood pressure.

Doctors treat sepsis with therapy, such as appropriate use of antibiotics, as soon as possible. Many patients receive oxygen and intravenous (IV) fluids to maintain normal blood oxygen levels and blood pressure.

Other types of treatment, such as assisting breathing with a machine or kidney dialysis, may be necessary. Sometimes surgery is required to remove tissue damaged by the infection.

Are there any long-term effects of sepsis?

Many people who have sepsis recover completely and their lives return to normal. But some people may experience permanent organ damage. For example, in someone who already has kidney problems, sepsis can lead to kidney failure that requires lifelong dialysis.

How can I prevent sepsis?



- 1 GET VACCINATED** against the flu, pneumonia, and any other infections that could lead to sepsis. Talk to your doctor for more information.



- 2 PREVENT INFECTIONS** that can lead to sepsis by:

- **Cleaning** scrapes and wounds
- Practicing good **hygiene** (e.g., hand washing)



- 3 LEARN THE SIGNS AND SYMPTOMS** of sepsis. If sepsis is suspected, seek medical attention immediately.

Where can I get more information?

- Centers for Disease Control and Prevention (CDC)—CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, stem from human error or deliberate attack, CDC is committed to responding to America's most pressing health challenges. cdc.gov/sepsis
cdc.gov/cancer/preventinfections
- The Rory Staunton Foundation for Sepsis Prevention—Supports education and outreach efforts aimed at rapid diagnosis and treatment of sepsis, particularly in children. rorystauntonfoundationforsepsis.org
- Sepsis Alliance®—Created to raise sepsis awareness among both the general public and healthcare professionals. Sepsis Alliance offers information on a variety of sepsis-related topics. Visit sepsis.org/library to view the complete series of titles. sepsis.org

GET AHEAD
OF SEPSIS

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

PROTECT YOUR PATIENTS FROM SEPSIS.

Infections put your patients at risk for sepsis. Be alert to the signs and, if suspected, act fast.

Sepsis is the body's extreme response to an infection. It is life-threatening, and without prompt treatment, often rapidly leads to tissue damage, organ failure, and death.

SEPSIS STATS

More than
1.5 MILLION
people get sepsis each year in the U.S.

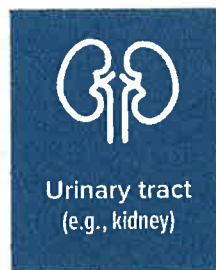
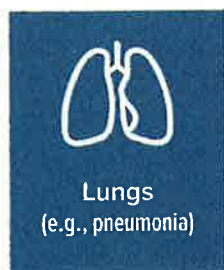
At least
250,000
Americans die from sepsis each year

About
1 IN 3 PATIENTS
who die in a hospital have sepsis

WHAT CAUSES SEPSIS?

The most frequently identified pathogens that cause infections that can develop into sepsis include *Staphylococcus aureus* (staph), *Escherichia coli* (E. coli), and some types of *Streptococcus* (strep).

Four types of infections that are often linked with sepsis:



Anyone can get an infection, and almost any infection can lead to sepsis. Certain patients are at increased risk for developing sepsis:

WHO IS AT RISK?

65+

Adults 65 or older



People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease



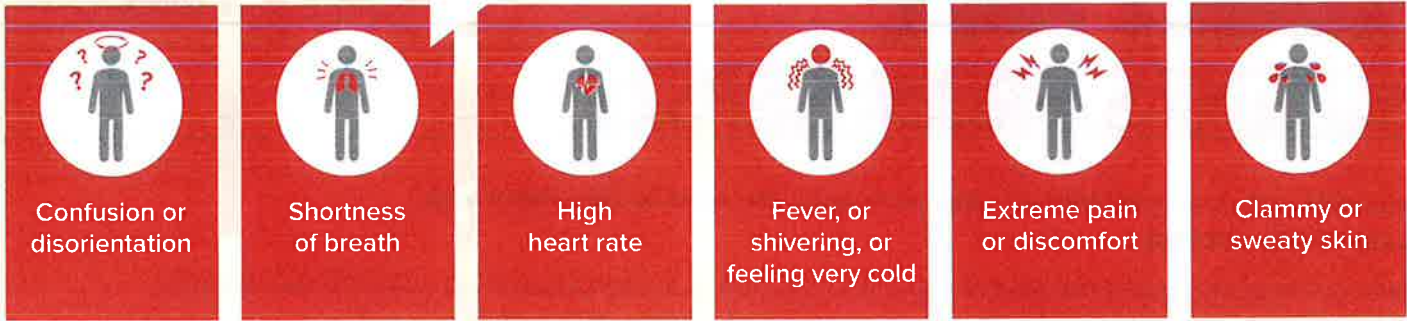
People with weakened immune systems



Children younger than one

SEPSIS SIGNS

There is no single symptom of sepsis. Signs of sepsis can include a combination of any of the following:



HOW CAN I GET AHEAD OF SEPSIS?

Healthcare professionals can:

- **Know sepsis signs** to identify and treat patients early.
- **Act fast** if you suspect sepsis.
- **Prevent infections** by following infection control practices (e.g., hand hygiene, catheter removal) and ensuring patients receive recommended vaccines.
- **Educate your patients and their families about:**
 - Preventing infections.
 - Keeping scrapes and wounds clean.
 - Managing chronic conditions.
 - Recognizing early signs of worsening infection and sepsis and seeking immediate care if signs are present.

Sepsis is a medical emergency. Protect your patients by acting fast. Delayed recognition and treatment of sepsis increases your patients' risk of death.

WHAT SHOULD I DO IF I SUSPECT SEPSIS?

- **Immediately alert clinician in charge if it is not you.**
- **Know your facility's existing guidance for diagnosing and managing sepsis.**
- **Start antibiotics as soon as possible, in addition to other therapies appropriate for that individual patient.**
- **Check patient progress frequently.** Reassess antibiotic therapy 24-48 hours to stop or change therapy as needed. Be sure antibiotic type, dose, and duration are correct.

Learn more about sepsis and how to prevent infections:
www.cdc.gov/sepsis.

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

LIFE AFTER SEPSIS FACT SHEET

WHAT SEPSIS SURVIVORS NEED TO KNOW

ABOUT SEPSIS

What is sepsis?

Sepsis is a complication caused by the body's overwhelming and life-threatening response to an infection, which can lead to tissue damage, organ failure, and death.

What causes sepsis?

Any type of infection that is anywhere in your body can cause sepsis. It is often associated with infections of the lungs (e.g., pneumonia), urinary tract (e.g., kidney), skin, and gut. An infection occurs when germs enter a person's body and multiply, causing illness and organ and tissue damage.

LIFE AFTER SEPSIS

What are the first steps in recovery?

After you have had sepsis, rehabilitation usually starts in the hospital by slowly helping you to move around and look after yourself: bathing, sitting up, standing, walking, taking yourself to the restroom, etc. The purpose of rehabilitation is to restore you back to your previous level of health or as close to it as possible. Begin your rehabilitation by building up your activities slowly, and rest when you are tired.

How will I feel when I get home?

You have been seriously ill, and your body and mind need time to get better. You may experience the following physical symptoms upon returning home:

- General to extreme weakness and fatigue
- Breathlessness
- General body pains or aches
- Difficulty moving around
- Difficulty sleeping
- Weight loss, lack of appetite, food not tasting normal
- Dry and itchy skin that may peel
- Brittle nails
- Hair loss

Many survivors
are left with
LIFE-CHANGING
challenges.



Centers for Disease
Control and Prevention
National Center for Emerging and
Zoonotic Infectious Diseases

It is also not unusual to have the following feelings once you're at home:

- Unsure of yourself
- Not caring about your appearance
- Wanting to be alone, avoiding friends and family
- Flashbacks, bad memories
- Confusing reality (e.g., not sure what is real and what isn't)
- Feeling anxious, more worried than usual
- Poor concentration
- Depressed, angry, unmotivated
- Frustration at not being able to do everyday tasks

What can I do to help myself recover at home?

- Set small, achievable goals for yourself each week, such as taking a bath, dressing yourself, or walking up the stairs
- Rest and rebuild your strength
- Talk about what you are feeling to family and friends
- Record your thoughts, struggles, and milestones in a journal
- Learn about sepsis to understand what happened
- Ask your family to fill in any gaps you may have in your memory about what happened to you
- Eat a balanced diet
- Exercise if you feel up to it
- Make a list of questions to ask your doctor when you go for a check up

Are there any long-term effects of sepsis?

Many people who survive sepsis recover completely and their lives return to normal. However, as with some other illnesses requiring intensive medical care, some patients have long-term effects. These problems may not become apparent for several weeks (post-sepsis), and may include such consequences as:

- Insomnia, difficulty getting to or staying asleep
- Nightmares, vivid hallucinations, panic attacks
- Disabling muscle and joint pains
- Decreased mental (cognitive) functioning
- Loss of self-esteem and self-belief
- Organ dysfunction (kidney failure, respiratory problems, etc.)
- Amputations (loss of limb(s))

What's normal and when should I be concerned?

Generally, the problems described in this fact sheet do improve with time. They are a normal response to what you have been through.

Some hospitals have follow-up clinics or staff to help patients and families once they have been discharged. Find out if yours does or if there are local resources available to help you while you get better.

However, if you feel that you are not getting better, or finding it difficult to cope, or continue to be exhausted call your doctor.

Where can I get more information?

- Centers for Disease Control and Prevention (CDC)—CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, stem from human error or deliberate attack, CDC is committed to responding to America's most pressing health challenges. [cdc.gov/sepsis](https://www.cdc.gov/sepsis)
[cdc.gov/cancer/preventinfections](https://www.cdc.gov/cancer/preventinfections)
- The Rory Staunton Foundation for Sepsis Prevention—Supports education and outreach efforts aimed at rapid diagnosis and treatment of sepsis, particularly in children. [rorystauntonfoundationforsepsis.org](https://www.rorystauntonfoundationforsepsis.org)
- Sepsis Alliance®—Created to raise sepsis awareness among both the general public and healthcare professionals. Sepsis Alliance offers information on a variety of sepsis-related topics. Visit [sepsis.org/library](https://www.sepsis.org/library) to view the complete series of titles. [sepsis.org](https://www.sepsis.org)