



SDCC Sepsis Initiative

Protecting and Treating Sepsis in our SDCC
Communities



1. Become comfortable with the SDCC selected sepsis tools to train your clinical teams
2. Practice using the sepsis tools with two case studies
3. Role play: Nurses practice calling Dr., PCP, PA s alerting the team for possible sepsis alert



- SOUTH DENVER
CARE CONTINUUM

Train-the-Trainer Pre-Test

- 1. What is sepsis?**
 - a. An infection in the bone
 - b. A local infection, such as cellulitis or appendicitis
 - c. A toxic reaction to an infection
 - d. A chronic disease
- 2. Sepsis is contagious like Influenza?**
 - a. True
 - b. False
- 3. Who is at highest risk for developing sepsis?**
 - a. 65 years and older
 - b. Young children and infants
 - c. Compromised/weakened immune system
 - d. All the above
- 4. Which type of infection can lead to sepsis?**
 - a. Infections of the lung (i.e. pneumonia)
 - b. Infections of the skin (i.e. cellulitis)
 - c. Infections of urinary track (i.e. UTI)
 - d. Infections of gastrointestinal (i.e. norovirus & c difficile)
 - e. All the above
- 5. 80% of sepsis cases originate in the home and community**
 - a. True
 - b. False
- 6. Approximately how many people die each hour due to sepsis?**
 - a. 7
 - b. 504
 - c. 36
 - d. 153
- 7. Every hour a resident does not receive antibiotics the risk of death increases by ___%**
 - a. 90%
 - b. 60%
 - c. 7.6%
 - d. 25.7%
- 8. Sepsis can be treated if it's identified early**
 - a. True
 - b. False
- 9. As healthcare providers we can do the following to help decrease sepsis**
 - a. Hand hygiene
 - b. Flu and Pneumonia vaccinations
 - c. Educate each other, families and residents
 - d. Add sepsis education to Stay Healthy at Home binders
 - e. All the above
- 10. All of the following are signs of sepsis EXCEPT:**
 - a. Temperature over 100
 - b. Slow Heart rate, below 60
 - c. Blood Pressure under 100



What is Sepsis?

Sepsis is the body's over-whelming and life-threatening response to an infection which can lead to tissue damage, organ failure and death.



2 ways the body reacts to infection:

1st- Local Response

inflammation, redness, pus, pain at site of infection

2nd- Total Body Response

S.I.R.S-Systemic Inflammatory Response

Infection into the blood

Total body response to infection



Who is at risk for systemic infection reaction?

1. Compromised/weakened immune system
2. Overwhelming infection and/or resistant organisms
3. 65 years old and older, young children and infants
4. Invasive tubes/procedures
5. Multiple Chronic Conditions
6. Infections of the lung, skin, urinary and gastrointestinal systems



Treatment for Sepsis

1. Early identification
 - every hour a resident does not receive antibiotics the risk of death increases by 7.6%
2. Review Advanced Directives
3. Notify Physician
4. Contact Family
5. Hospitalization or treatment in community to include:
 - Labs: CBC, WBC, lactate level, blood cultures
 - IV Fluids at a fast rate
 - Antibiotics
 - Oxygen Therapy
 - Monitor organ failure, pain control, symptom relief and comfort care






-SOUTH CARE DENVER CONTINUUM



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

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This content was adapted from the INTERACT™ tool. This material was prepared by Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 11809-64C-10-02

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!

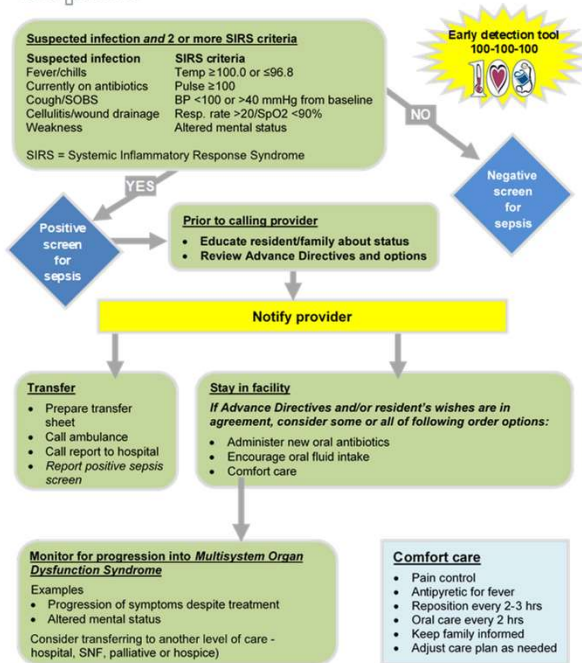


And does the resident just not look right? Tell the nurse, **screen for sepsis** and notify the physician immediately.

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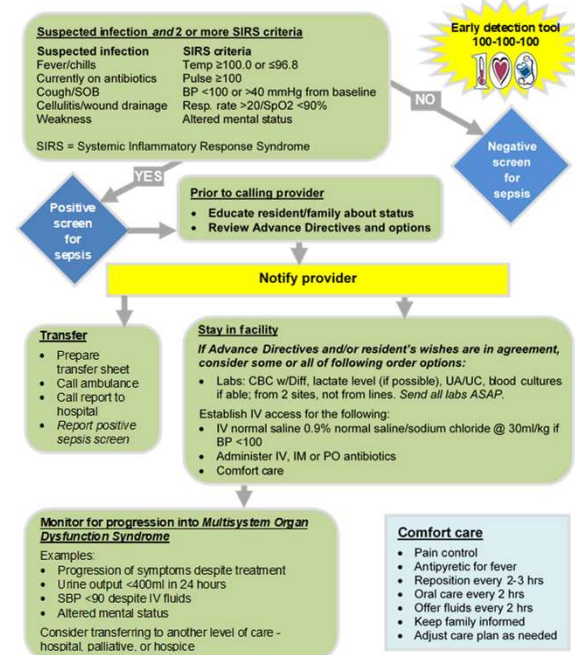
seeing sepsis

Intermediate care and assisted living algorithm for adults



seeing sepsis

Skilled nursing facility sepsis algorithm for adults



- SOUTH DENVER CARE CONTINUUM

SBAR Communication Form

and Progress Note for RNs/LPN/LVNs



Before Calling the Physician / NP / PA / other Healthcare Professional:

- Evaluate the Resident/Patient:** Complete relevant aspects of the SBAR form below
- Check Vital Signs:** BP, pulse, and/or apical heart rate, temperature, respiratory rate, O₂ saturation and finger stick glucose for diabetics
- Review Record:** Recent progress notes, labs, medications, other orders
- Review an INTERACT Care Path or Acute Change in Condition File Card,** if indicated
- Have Relevant Information Available when Reporting**

(i.e. medical record, vital signs, advance directives such as DNR and other care limiting orders, allergies, medication list)

Situation

Background

Assessment

Recommendation



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CARE CONTINUUM

Report Suspecting Sepsis

Situation: _____
 Name of community/agency (on call MD): _____ Code Status: _____
 Resident's Name: _____ RM#: _____ Age: _____ Sex: _____
 Diagnosis: _____
 I am calling because this patient has met screening criteria for possible sepsis: _____
 Urgent: Yes _____ No _____

Background: _____
 History: _____
 Patient has met the following (2) screening criteria:
 Temperature greater than 100 F OR 96.8 F: _____ Heart rate above 100/min: _____
 Blood Pressure below 100: _____ Respiratory rate greater than 20/min: _____
 Altered Mental Status: _____ WBC more than 12(cells/mcL): _____
 AND suspected infection: _____ OR confirmed: _____
 On PO/IV antibiotics currently or last time: _____

Assessment: I am concerned that the patient possibly has sepsis because: _____

 Current Vital Signs: T: _____ HR: _____ BP: _____ RR: _____ O2 sat: _____ WBC: _____ Blood Sugar: _____
 Fevers in the last week/history/baseline: _____
 Current labs/recent C&S: _____
 Lung Sound: _____ Allergies: _____
 Skin: _____ IV site: _____ Wounds: _____
 Foley _____ Last BM: _____ Abd: _____

Recommendation: _____
 Pending Labs: _____
 Nursing concerns: _____

How often do want vital signs? _____
 If no improvement when would you want us to call you again? _____

- Possible orders received:**
- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> BMP | <input type="checkbox"/> Urine C&S |
| <input type="checkbox"/> Urine C&S | <input type="checkbox"/> IVF; | <input type="checkbox"/> Blood culture |
| <input type="checkbox"/> Labs: _____ | <input type="checkbox"/> NS _____ LR _____ | <input type="checkbox"/> Transfer to _____ |



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CARE CONTINUUM

**SNF/NF to Hospital
Transfer Form**



Resident/Patient Name (last, first, middle initial) _____ Language: English Other _____
 Resident is: SNF/rehab Long-term Date admitted (most recent) ____/____/____ DOB ____/____/____
 Primary diagnosis(es) for admission _____

Key Clinical Information

Reason(s) for transfer _____

 Is the primary reason for transfer for diagnostic testing, not admission? No Yes Tests: _____
 Relevant diagnosis
 Heart Failure Ejection Fraction if known _____% Most recent Echo (date) ____/____/____
 COPD CKD DM Most recent Glucose (date/time) _____ On scheduled insulin Yes No
 Cancer (active treatment) Dementia Other(s) _____
 Vital signs BP _____ HR _____ RR _____ Temp _____ O2 Sat _____ Date/time taken (am/pm) _____
 Most recent pain level _____ (N/A) Pain location _____
 Most recent pain med _____ Date given ____/____/____ Time (am/pm) _____

Code Status: Other (describe) Full Code DNR DNI DNH Comfort care only Uncertain
Resident/Patient Decision Making Capacity Capable Requires proxy

- SOUTH CARE DENVER CONTINUUM

SNF/NF Capabilities List



This list is for hospital emergency rooms, hospitalists, and case managers; and for physicians, NPs, and PAs, who take off-hours call for the facility to assist with decisions about hospital admission or return to the facility.

Facility _____

Address _____

Tel (_____) _____ Key Contact _____

Circle 'Y' for yes or 'N' for no to indicate the availability of each item in your facility.

Capabilities	Yes	No
Primary Care Clinician Services		
At least one physician, NP, or PA in the facility three or more days per week	Y	N
At least one physician, NP, or PA in the facility five or more days per week	Y	N
Diagnostic Testing Onsite		
Basic Metabolic Panel (BUN, Ca, Cl-, CRE, eGFR, GLU, K+, Na+, tCO ₂)	Y	N
Bladder Ultrasound	Y	N
Cardiac Echo	Y	N






Capabilities	Yes	No
Nursing Services		
24 Hour RN Converage	Y	N
O2 saturation	Y	N
Incentive spirometry	Y	N
Nebulizer treatments	Y	N
Interventions		
Advanced CPR (ACLS capability)	Y	N
Analgesic Pumps	Y	N

- SOUTH DENVER CARE CONTINUUM

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.

- SOUTH CARE DENVER CONTINUUM

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.

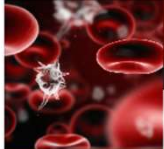
What is sepsis?
Sepsis is a complication caused by the body's overwhelming and life-threatening response to an infection, which can lead to tissue damage, organ failure, and death.


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 Nosocomial Infection Study
Antibiotic Resistance Threats Task Force

- SOUTH DENVER CARE CONTINUUM

PROTECT YOUR PATIENTS FROM SEPSIS.

of SEPSIS
KNOW THE SIGNS. SPOT THE RISKS. ACT FAST.

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?




- SOUTH CARE DENVER CONTINUUM

LIFE AFTER SEPSIS FACT SHEET

WHAT SEPSIS SURVIVORS NEED TO KNOW



Many survivors
are left with
LIFE-CHANGING
challenges.



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



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Field Epidemiology



How can we all prevent Sepsis?

- Proper handwashing of course!
- Infection control with sterile technique and maintenance of
 - Intravenous lines
 - Foley catheters
 - Wound care
 - Invasive techniques
- Flu, pneumonia and COVID vaccines
- Education upon discharge in the Stay Healthy at Home Binder



My mom's story ... Gary

- 79-year-old, female Post hospital stay: (UTI / Weakness)
- Came home / Weakness – “is this normal”?
- Blood pressure / heart rate = knew what to look for
- Caregiver took the measurements, acted fast!
 - - heart rate 114, breathing “slowing down”
 - - low grade fever (99.9F)
 - - mom was too lethargic to act
- Family perspective is different = loved one, not a patient
- Being prudent versus being a son!
- Lessons learned: AWARENESS IS KEY





My mom's story ... Gary

- Follow Discharge Suggestions
- Make a plan
- Designate a responsible “family member”
- Know who to call
- Know what to do
- Sepsis Recovery is a journey
- Follow the signs and the road map

“I’M A SEPSIS SURVIVOR, NOW WHAT?” MONITOR YOUR DAILY HEALTH

- Take temperature twice a day for the next 30 days
- Look at the symptoms on this page, and keep track of which group you fit in
- Seek immediate medical attention if you detect that you are at risk for infection



LITTLE/NO RISK DETECTED	RISK DETECTED	SEVERE RISK DETECTED
<ul style="list-style-type: none"> • My heartbeat and breathing are normal for me • I do not have a fever • I do not feel hot or cold • My energy level is normal for me • My thinking is clear • I feel well • My infection is resolving • Any open skin is healing 	<p>CONTACT PRIMARY CARE FOR URGENT VISIT</p> <ul style="list-style-type: none"> • My heartbeat or breathing is faster than normal • I have a slight fever (100°F – 100.4°F) • I have chills/shivering • I am tired and it is difficult to do my normal activities • My thinking is slow • I do not feel well • My infection is not getting better • My area of open skin looks different <p>CONTACT PRIMARY CARE FOR AN URGENT VISIT CALL: _____</p>	<p>CONTACT EMERGENCY SERVICES IMMEDIATELY</p> <ul style="list-style-type: none"> • My heartbeat or breathing is very fast • I have a fever (100.5°F or greater) • My temperature is below 96.8°F • My skin is pale or nails are blue • I am very tired and cannot do my daily activities • I am confused or my caregivers tell me I am not making sense • I feel sick • My open skin is red, painful, smells, or has pus <p>GO NOW TO URGENT CARE OR EMERGENCY ROOM OR CALL 911</p>



NURSE



- SOUTH CARE DENVER CONTINUUM

Margaret is an 87 year old resident living in your long term care neighborhood. She developed a stage 2 wound on her buttocks about 2 weeks ago and receives daily wound dressing changes.

Recently the area around the wound looks inflamed and has some exudate and Margaret has been complaining of increased pain in the area.

You medicate Margaret for pain and take her vital signs:

Heart rate 110

Blood pressure 100/68

Temperature 100.8 p o

Lung sounds clear

She is shaking and states she is really cold and would like another blanket. She seems more confused today and keeps asking what time it is and where is her mother?

Actions:

Refer to the Post-Acute Care Sepsis Early ID and Treatment Pathway

Fill out the SBAR

What do you think is going on? What will you request from the physician?

Call the physician

Report Suspecting Sepsis

Situation: _____
 Name of community/agency (on call MD): _____ Code Status: _____
 Resident's Name: _____ RM#: _____ Age: _____ Sex: _____
 Diagnosis: _____
 I am calling because this patient has met screening criteria for possible sepsis: _____
 Urgent: Yes No

Background: _____
 History: _____

Patient has met the following (2) screening criteria:
 Temperature greater than 100 F OR 96.8 F: _____ Heart rate above 100/min: _____
 Blood Pressure below 100: _____ Respiratory rate greater than 20/min: _____
 Altered Mental Status: _____ WBC more than 12(cells/mCL): _____
 AND suspected infection: _____ OR confirmed: _____
 On PO/IV antibiotics currently or last time: _____

Assessment: I am concerned that the patient possibly has sepsis because: _____

Current Vital Signs: T: _____ HR: _____ BP: _____ RR: _____ O2 sat: _____ WBC: _____ Blood Sugar: _____
 Fevers in the last week/history/baseline: _____
 Current labs/recent C&S: _____
 Lung Sound: _____ Allergies: _____
 Skin: _____ IV site: _____ Wounds: _____
 Foley _____ Last BM: _____ Abd: _____

Recommendation: _____
 Pending Labs: _____
 Nursing concerns: _____

How often do want vital signs? _____
 If no improvement when would you want us to call you again? _____

Possible orders received:

<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> BMP	<input type="checkbox"/> Urine C&S
<input type="checkbox"/> Urine C&S	<input type="checkbox"/> IVF;	<input type="checkbox"/> Blood culture
<input type="checkbox"/> Labs:	NS _____ LR _____	<input type="checkbox"/> Transfer to hospital
<input type="checkbox"/> CBC with Diff	<input type="checkbox"/> Resp. treatment	
<input type="checkbox"/> Lactic Acid (i stat)	<input type="checkbox"/> ABG's	



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- Actions:**
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 - Fill out the SBAR
 - What do you think is going on? What will you request from the physician?
 - Call the physician



- SOUTH DENVER
CARE CONTINUUM

Train-the-Trainer Post-Test

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 - a. True
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 - b. Infections of the skin (i.e. cellulitis)
 - c. Infections of urinary track (i.e. UTI)
 - d. Infections of gastrointestinal (i.e. norovirus & c difficile)
 - e. All the above
- 5. 80% of sepsis cases originate in the home and community**
 - a. True
 - b. False
- 6. Approximately how many people die each hour due to sepsis?**
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 - c. 36
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- 9. As healthcare providers we can do the following to help decrease sepsis**
 - a. Hand hygiene
 - b. Flu and Pneumonia vaccinations
 - c. Educate each other, families and residents
 - d. Add sepsis education to Stay Healthy at Home binders
 - e. All the above
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 - b. Slow Heart rate, below 60
 - c. Blood Pressure under 100



Questions?

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SDCC Sepsis Initiative

Train the Trainer tools available on

<http://southdenvercc.org>

SDCC Username: SDCC
Member Password: Sdcc@2020