

HQIN

Health Quality Innovation Network



Sepsis Sprint Series

Early Recognition of Sepsis

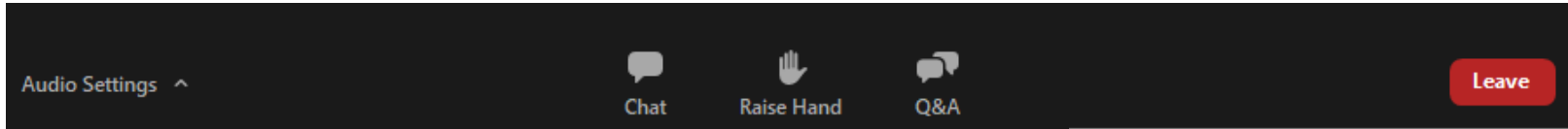
June 16, 2022



Health Quality Innovation Network



Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

Today's Presenter



Brenda Davis, BSN, RN, CIC
Quality Improvement Advisor

Today's Objectives

At the end of this session, attendees will be able to:

- Define sepsis
- Recognize early signs and symptoms of sepsis
- Understand that early identification is vital
- Utilize evidence-based assessment tools for early sepsis identification and management



Background

What is sepsis?

- A systemic inflammatory response to an infection
- The body's overwhelming and life-threatening response to infection, which can lead to tissue damage, organ failure and death



Sepsis starts as an infection that rapidly gets into the blood stream. From there, it multiplies rapidly and travels quickly through the body. The body responds as it does to all infections: It sends WBCs, which causes extreme inflammation.

Sepsis Statistics

- Greater than 500 people die every day from sepsis.
- People over 65 years of age are 13 times more likely to develop sepsis **AND** they are twice as likely to die from sepsis.
- Sepsis is the #1 reason residents from nursing homes are admitted to the hospital.



What you do or don't do in the early hours of sepsis makes all the difference in the outcome.

Cause of Sepsis

SEPSIS IS A MEDICAL EMERGENCY

- For every hour treatment is delayed, mortality increases by 8% (2019)
- Sepsis often stems from common infections – there must be a source of infection, whether you can see it or not
- Common infections leading to sepsis:
 - Wounds (pressure injury or surgical)
 - Pneumonia
 - UTI and/or gastroenteritis (*C. diff.* infection)



Recognition of Sepsis

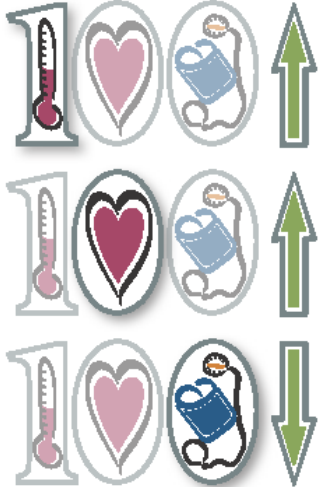
qSOFA—Sequential Organ Failure Assessment

- Score 1 for each positive sign
 - Respiratory rate greater than 22/minute
 - Altered mental status (GCS < 13) – Glasgow Coma Score
 - Systolic blood pressure less than 100 mmHg
 - Score of 2 or more equals increase in mortality



Seeing Sepsis Pocket Cards

The pocket cards will be discussed in further detail in a future presentation



Is their **temperature** above 100?

Is their **heart rate** above 100?

Is their **blood pressure** below 100?

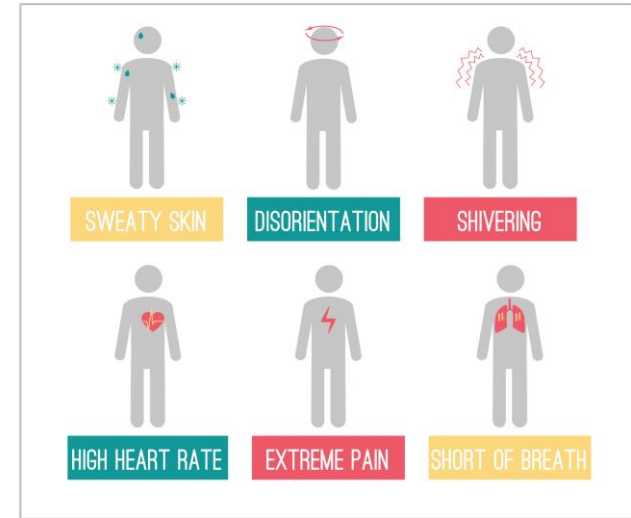
And does the resident just not look right? Tell the nurse, **screen for sepsis** and notify the physician immediately.

Remember the 3-100s:

- ✓ Temp > 100 F
- ✓ Heart rate > 100
- ✓ BP below 100

Symptoms of Sepsis

- Shivering, fever or very cold
- Extreme pain or generalized discomfort
- Pale or discolored skin or clammy skin
- Sleepy, difficult to rouse, confused
- "I feel like I might die."
- Short of breath
- High heart rate
- Low blood pressure



Many persons have said that they had a foreboding feeling that something very bad was going to happen – something they never experienced before.

SIRS Criteria

Systemic **I**nflammatory **R**esponse **S**yndrome is an additional assessment tool

SIRS criteria:

- Hypothermia – temperature > 101 F
- Hypothermia – temperature < 96.8 F
- Tachycardia – Heartbeat greater than 90 per minute
- Tachypnea – Greater than 20 breaths per minute
- Leukocytosis – WBC > 12.0
- Leukopenia – WBC < 4.0
- Bands → 10%

2 or more SIRS
criteria met



Known
infection



SEPSIS

What Do I Do Now?

Your resident is highly suspicious for sepsis, what do you need to do now?

- Review advance directives
 - Resident may not want transfer to hospital
 - If the desire is to concentrate on comfort care, offer fluids often, perform good oral care, control pain and control temperature
 - Actions will differ if the resident is remaining in the facility
- Contact the physician with an assessment of status of the resident
- Contact the family



Resident Transfer to an Acute Care Hospital

- Complete an intra-agency transfer form and state on the form that the resident has been screened as having a high potential for sepsis
- Prepare the resident for the transfer
- Notify EMS of the need to transfer
 - At the time of notification, tell them that the resident has screened positive for sepsis or that they are a suspected case of sepsis
- Notify receiving facility that the person is being transported via EMS and that they are a suspected sepsis case

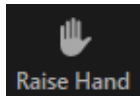


Considerations for Transfer

- As mentioned, immediate transfer is preferred due to an increase in mortality with delays
- When the hospital receives the resident, there are certain care bundles that need to be provided within a certain time frame to increase the likelihood of survival:
 - 3-hour bundle
 - 6-hour bundle



Questions? Comments? Share What is Working or What is Difficult for Your Team!



Raise your hand to verbally ask a question



Type a question by clicking the **Q&A** icon

*Don't hesitate to ask a question after the webinar is over.
Email LTC@hqi.solutions or your HQIN Quality Improvement Advisor.*

Next Session: Sepsis Risk Assessment and Person-Centered Care Planning

Thursday, June 23
11:00 a.m. CST | 12:00 p.m. EST



FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

LTC@hqin.solutions

Kansas

Brenda Groves

Quality Improvement Advisor

bgroves@kfmc.org

785.271.4150

Missouri

Dana Schmitz

Quality Improvement Advisor

dschmitz@hqi.solutions

314.391.5538

South Carolina

Beth Hercher

Quality Improvement Advisor

bhercher@thecarolinascenter.org

803.212.7569

Virginia

Allison Spangler

Quality Improvement Advisor

aspangler@hqi.solutions

804.289.5342

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Call 877.731.4746 or visit www.hqin.org



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