

# Simple Strategies: Setting Patients Up For Successful Sepsis Survival

## Think About It!

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

- “Each year, more than 19 million individuals develop sepsis.<sup>1</sup>”
- “Approximately 14 million survive to hospital discharge and their prognosis varies<sup>1</sup>.”
- 50% of patients recover,
- 33% die during the following year, and
- 17% have severe persistent impairments (e.g., repeat infections, depression, and poor appetite).

**For adult survivors of sepsis or septic shock, the following best practices<sup>2</sup> are recommended:**

### Reconcile Medications

- **Reconcile** medications at both ICU and hospital discharge.
  - [Medications at Transitions and Clinical Handoffs \(MATCH\) Toolkit for Medication Reconciliation](#)
  - [How-to Guide: Prevent Adverse Drug Events \(Medication Reconciliation\)](#)

### Anticipate and Plan

- **Anticipate** that chronic conditions may worsen during sepsis recovery and plan targeted education and follow-up.
  - [Sepsis Stoplight Tool](#)
  - [Stoplight Heart Failure Management Zone Tool](#)
  - [IHI Zone Tools for Diabetes and Asthma](#)
- **Screen** for economic and social support (including housing, nutritional, financial and emotional support), and make referrals where available to meet these needs.
  - [Quick Start Guide: Screening for Social Determinants of Health](#)
- **Provide** the opportunity for patients and family members to participate in shared decision-making and discharge planning to ensure discharge plans are acceptable and feasible.
  - [Patient and Family Guide to Understanding Sepsis](#)
  - Education and Resources for Sepsis Survivors - [Sepsis Survivors](#)
- **Include** information about the ICU stay, sepsis and related diagnoses, treatments and common outcomes after sepsis in the written and verbal hospital discharge summary.
  - Sample hospital [discharge list](#)
- **Ensure** that hospital discharge plans include follow-up with clinicians able to support and manage new and long-term sequelae.
  - [Post-sepsis syndrome](#)
  - Create a sepsis specific patient discharge list for the care team to facilitate focused care planning.
  - Conduct a follow-up phone call to the patient or family within 48 hours after discharge.
  - Schedule a follow-up appointment within seven days of discharge and at 30, 60 and 90 days.

<sup>1</sup> Prescott HC, Angus DC. *Enhancing recovery from Sepsis: a review*. JAMA. 2018;319(1):62–75.

<sup>2</sup> Evans L, Rhodes A, Alhazzani W, et al. *Surviving Sepsis Campaign: international guidelines for management of sepsis and septic shock 2021*. Crit Care Med. 2021;49(11):e1063-e1143.

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## Take Action!

Review the key resources below to help you improve sepsis morbidity and mortality following hospital discharge.

1. [The Society of Critical Care Medicine Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock \(2021\)](#)
2. [Enhancing Recovery from Sepsis research](#)
3. [Sepsis Alliance](#)

**Use this Simple Strategies to jump-start your work.**

## Assess and Address

- **Assess** and **follow up** for physical, cognitive, and emotional problems after hospital discharge.
  - [Life After Sepsis Fact Sheet](#)
  - [Virtual support community](#)
  - Utilize your hospital website to instruct the community on ways to Manage Sepsis After Discharge. Example: [Managing Sepsis after Discharge](#)

## Discuss Goals of Care and Palliative Care

- **Discuss** goals of care and prognosis with patients and families versus no such discussion.
  - [IHI The Conversation Project](#)
- **Integrate** principles of palliative care into the treatment plan, when appropriate (based on clinician judgement and/or palliative care consultation), to address patient and family symptoms and suffering.
  - [Compassion & Choices](#)
  - [Palliative Care Patient Education Handouts](#)

## Sepsis Supplements:

1. [Sepsis: Emergency™](#)
2. [Best Practices Pocket Cards](#)
3. [Engagement and Collaborative Management to Proactively Advance Sepsis Survivorship \(ENCOMPASS\)](#)
4. [Fact Sheets](#)