

Use **SBAR** *Situation-background-assessment-recommendation* method of communication for clinical report to physicians



Use **Teach Back** for sepsis discharge instruction – use video/visual resources



Say **“SEPSIS”** Call it what it is so more patients survive

ENHANCING SEPSIS SURVIVORSHIP

Sepsis survivors are at risk for cognitive, functional and medical disabilities

- Encourage early mobility in hospital
- Ensure medication and dosage reconciliation at time of discharge
- Educate patient and family about signs of sepsis, expectations for recovery and post-sepsis syndrome
- Listen to the patient

EMPHASIZE INFECTION PREVENTION

- ✓ Hand hygiene
- ✓ Wound care
- ✓ Vaccinations for flu, pneumonia, others
- ✓ Take medications as prescribed



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SIGNS OF SEPSIS*

- S**hivering
- E**xtrême pain
- P**ale skin
- S**leepiness
- ‘I feel like I might die’**
- S**hortness of breath



ENSURING A SUCCESSFUL DISCHARGE

- Provide self-monitoring tool for home
 - ✓ Review symptom inventory
 - ✓ Take body temperature
 - ✓ Review who to call and where to go for help
- Provide an action plan
 - ✓ Include number a patient should call
 - ✓ Identify where a patient should go for help
 - ✓ For severe symptoms, call 911
- Prior to discharge, schedule follow-up appointment (within 7 days of discharge)
- Discuss nutrition and hydration – give examples
- Call discharged sepsis patients within 48 hours to confirm:
 - ✓ Patient has medication/antibiotics
 - ✓ Patient has follow-up appointment
 - ✓ Home service has visited, if applicable
 - ✓ If there are changes in health or mood

LEARN MORE: www.cdc.gov/sepsis
*Sepsis Alliance at www.sepsis.org

SEPSIS IS A MEDICAL EMERGENCY

