

Patients with a sepsis diagnosis are at **higher risk for:**

Exacerbation of chronic diseases
Immunosuppression
Recurrent infections
Cognitive impairments
Anxiety and depression
Physical disability
Early mortality

SAY SEPSIS

Call it what it is so more patients survive

SEPSIS AND HOSPITALIZATIONS

More than any other condition, individuals hospitalized for sepsis are twice as likely to be readmitted to the hospital within 30 days.

Primary care sites and providers should identify this condition during post-hospital follow-up appointments to provide additional education and support to ensure patients' best survival.

FOCUS ON POTENTIALLY PREVENTABLE CONDITIONS AFTER DISCHARGE

- Infection
- Congestive heart failure
- Acute renal failure
- COPD exacerbations
- Aspiration

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ENHANCING SEPSIS SURVIVORSHIP



- ✓ Timely and effective sepsis treatment
- ✓ Early mobility in hospital
- ✓ Screen for physical and mental impairment at discharge, and at first outpatient visit
- ✓ Review medications and dosages at discharge – involve pharmacy
- ✓ Vaccinate patients
- ✓ Educate patients about sepsis diagnosis, recovery expectations and post-sepsis syndrome
- ✓ Promote functional recovery – refer to rehab
- ✓ Keep it simple at discharge
- ✓ Refer patients to support groups
- ✓ Schedule early (<7 day) follow-up visit after discharge
- ✓ Complete discharge summary within 48 hours so available to primary care provider
 - Document sepsis, source and antibiotics
- ✓ Prescribe home health services if patient is unable to manage medications at home
- ✓ Encourage self-monitoring for signs of infection
- ✓ Listen to your patient
- ✓ Discuss goals of care with patient
 - Consider palliative focus for patients with declining health prior to sepsis

SEPSIS IS A MEDICAL EMERGENCY

