



Week 3: Sepsis

Monday

Sepsis is a medical emergency!

Review any new admissions over the weekend for sepsis risk. Talk to staff about the importance of communicating changes in condition early. Review the Stop and Watch tool and SBAR tools for communicating.

Share the [Sepsis is a Medical Emergency Sepsis Fact Sheet](#) with your team and post for others to reference.

SEPSIS Fact Sheet: Sepsis is a Medical Emergency

AWARENESS
THE SIGNS OF SEPSIS*
 Shivering
 Extreme pain
 Pale skin
 Sleepiness
 Feel like might die
 Shortness of breath

WHAT IS SEPSIS?
 Sepsis is an infection that can enter your bloodstream and, if not stopped, can lead to organ failure. Sepsis is the body's excessive response to an infection, causing our organs to shut down and become inflamed.

Those at highest risk for sepsis are:
 • Older adults, especially those over 65
 • Those with chronic conditions or weak immune systems
 • Those with wounds or surgical incisions

WAYS TO PREVENT SEPSIS
 • Wash your hands often and keep cuts and wounds clean to prevent infection
 • Stay up to date on all vaccinations
 • Know the signs of sepsis
ACT FAST! If you have an infection or wound that is not getting better or is getting worse

TIME MATTERS
 It's a race against the clock!
 Sepsis is treatable with antibiotics if caught in time. The more time you spend without antibiotics, the less time you have to fight the infection.
 Get medical care immediately and ask your health care provider "Could my infection be leading to sepsis?"

LIFE AFTER SEPSIS
 Many patients are spending sepsis but many suffer from new problems:
 • Memory loss
 • Anxiety or depression
 • Absence and difficulty with routine tasks
 • Difficulty sleeping
 • Avoids activities from chronic conditions or new issues, such as fatigue

HOW CAN I HELP MYSELF RECOVER?
 • Set small goals for yourself—like bathing
 • Rest to rebuild your strength
 • Exercise as you feel up to it—like walking
 • Stay well-hydrated
 • Watch for signs of new or repeat infection
 • Ask your temperature below a day

LEARN MORE: [www.sepsiscanada.ca](#)
 *Source: [https://www.sepsiscanada.ca](#)

SEPSIS IS A MEDICAL EMERGENCY
 Quality Improvement Organization (QIO) logo
 HCIN logo

Tuesday

Know the signs of Sepsis. Act Fast! Early detection of sepsis requires fast action!

Act Fast! Early Detection of Sepsis Requires Fast Action

ACT FAST!
 Early detection of SEPSIS requires fast action

HCIN
 Health Quality Improvement System

If resident has suspected infection AND two of these:
 • Temperature > 102°F or < 98.6°F
 • Pulse > 100
 • WBC > 12,000 or < 4,000 (with band count)
 • Respiratory rate > 20 (at rest)
 • Altered mental status

Plan for:
 • Review advance directives
 • Contact the physician
 • Contact the family

If transferring resident to hospital:
 • Prepare resident's chart
 • Call ambulance
 • Call in report to hospital
 • Report possible sepsis screen

If resident stays in facility, ensure in reports below that you in agreement with resident's advance care plan:
 • Labs: CBC and diff. within level of alert
 • UA: C, B, and culture on slide from 2 sites, 200 from first
 • Monitor vitals for IV C/S, at 20x/4h
 • Administer IV, PO or IM antibiotics
 • Monitor for concerning signs of sepsis or shock, such as:
 • White count > 10,000 in 24 hours
 • SBP < 90 (single or 2 hrs)
 • Altered mental status

Consider care:
 • Pain control
 • Anxiety: 100 mg
 • Reassess every 2-4 hrs
 • Fluids every 2 hrs
 • Offer fluids every 2 hrs
 • Keep family informed
 • Assist care plan as needed
 • Consider transfer 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!

100 seeing sepsis
 100 is their temperature above 100?
 100 is their heart rate above 100?
 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.

What Sepsis Is
 Sepsis is a life-threatening condition due to the body's overwhelming response to a bacterial, viral or fungal infection. The body's reaction causes damage to its own tissues and organs. Infections that lead to sepsis often start in the lung, urinary tract, skin or gastrointestinal tract.

Symptoms
 Symptoms of sepsis can vary from person to person and include:
 • Change in mental status (confusion or disorientation)
 • Shortness of breath
 • Fever, shivering, or feeling cold
 • Lightheadedness
 • Decreased blood pressure
 • Increased heart rate

Who is At Risk
 Anyone can get an infection, and almost any infection can lead to sepsis. Common risk factors include:
 • Adults 65 or older
 • People with chronic medical conditions, such as diabetes, lung disease, cancer and kidney disease
 • People with weakened immune systems
 • People with recent severe illness or hospitalization
 • Children younger than one year

SEPSIS
 Act fast!
 Call the doctor!

Sepsis Pocket Card

Review the [Act Fast! Early Detection of Sepsis Requires Fast Action](#) fact sheet on early detection and [Sepsis Pocket Card](#) with your staff and then post where staff can see and reference them.

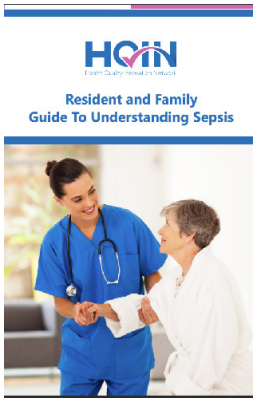
Wednesday

Common infections can lead to sepsis. If you are discharging a resident to their home, establish a process to provide education on sepsis by providing the [Sepsis Stoplight Tool](#) at discharge for residents who have had sepsis or may be at risk of sepsis.

Also, **share the tool** with residents and their families to help them identify what to do if they recognize any signs of sepsis.

Sepsis Stoplight Tool			
Common infections can lead to sepsis, which can be deadly. If you may have sepsis, see HOW!			
	Green Zone No signs of infection	Yellow Zone Take action today Call your doctor or nurse	Red Zone Take action now! Call us or see your doctor now!
Do I have a fever?	I have not had a fever in the past 24 hours and I am not taking medicine for a fever.	I have a fever between 102°F and 104°F.	I have a fever of 105°F or greater.
Do I feel cold?	I don't feel cold.	I feel cold and can't get warm. • I'm shivering.	• My temperature is below 98°F. • My feet are freezing. • My skin or nails are pale.
How is my energy?	My energy level is as usual.	I am too tired to do most of my usual activities.	I am too weak to get out of bed.
How is my thinking?	My thinking is clear.	My thinking feels slow or not right.	My thoughts feel like I'm not making sense.
Are there changes in how I feel after a hospitalization, procedure, infection or change in wound or IV site?	<ul style="list-style-type: none"> I feel well. I had no medical changes. I haven't had any new infections (UTI or anything else). I had a wound or IV site and it's healing. 	<ul style="list-style-type: none"> I don't feel well. I have a bad cough, my wound or IV site looks worse. I haven't healed quickly for 5 or more hours and/or my urine, spots, rashes, or sores look or smell wrong. 	<ul style="list-style-type: none"> I feel very sick. My wound or IV site is getting more red, more hot, more swollen, or more painful. I haven't healed quickly for 6 or more hours and/or my urine, spots, rashes or sores look very dark.
Do I need to call 911 or go to the Emergency Room?	<ul style="list-style-type: none"> I don't need to call 911 or go to the ER. My heartbeat is as usual. My breathing is normal for me. I have not had a fever in the past 24 hours. 	<ul style="list-style-type: none"> I don't need to call 911 but I will call my doctor if: My heartbeat is faster than usual. My breathing is more difficult and faster than usual. My blood pressure is 20 points higher than usual. 	<ul style="list-style-type: none"> I will call 911 if: My heartbeat is very fast. My breathing is very fast. My blood pressure is 40 points (top number) lower than usual. I have a fever of 103.5°F or greater. My skin or nails are blue.

Thursday



Educate residents and families on sepsis.

Education can be provided upon admission, with change of condition, discharge, during care plan meetings, and during resident and family council meetings.

Use the [Resident and Family Guide to Understanding Sepsis](#) to frame your conversation and provide a copy for them.

Friday

Share with your staff the importance of hand hygiene to prevent the spread of infections: The Centers for Disease Control and Prevention (CDC) recommends using "ABHR with 60-95% alcohol in healthcare settings.

Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water."

Ask what is the process to replenish your hand sanitizer? Do you have adequate hand sanitizer throughout our facility?

Print and share the [Hand Hygiene Pocket Card](#) (shown here) with staff members. Hand hygiene observation rounds are an excellent way to conduct hand hygiene audits.

Assign a staff member to conduct hand hygiene audits over the weekend.

Any staff member can conduct observation rounds (i.e. manager on duty, nursing supervisor) using the [Hand Hygiene Competency Validation – SPICE Tool](#).

WHEN DO YOU CLEAN YOUR HANDS?
• Always before touching a resident/patient or their immediate environment).
• Before and immediately after removing gloves.
• After touching bed rails, bedside tables, remote controls or a phone (alcohol-based hand sanitizer is acceptable).
• Before performing an aseptic task (eg, placing an indwelling device), handling invasive medical devices or after contact with blood, body fluids or contaminated surfaces.
• Before touching your eyes, nose or mouth (alcohol-based hand sanitizer is acceptable).
• Before and after changing bandages.
• After blowing your nose, coughing, sneezing or using the restroom (use soap and water).
• Before consuming food (use soap and water).