



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

AWAWARENESS! THE SIGNS OF SEPSIS*

- Shivering
- Extreme pain
- Pale skin
- Sleepiness
- I feel like I might die
- Shortness of breath

WHAT IS SEPSIS?

Germs cause an infection that can enter your bloodstream and, if not stopped, can lead to sepsis. Sepsis is the body's extreme response to an infection, causing your organs to shut down one by one and can be deadly.

Those at highest risk for sepsis are:

- Children less than one year old
- Elderly greater than 65 years old
- 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

LIFE AFTER SEPSIS

More patients are surviving sepsis but many suffer from new problems:

- Memory loss
- Anxiety or depression
- Weakness and difficulty with routine tasks
- Difficulty sleeping
- Recurrent infection
- Medical setbacks from chronic conditions of the heart, lung or kidney

HOW CAN I HELP MYSELF RECOVER?

- Set small goals for yourself—like bathing
- Rest to rebuild your strength
- Eat a balanced diet
- Exercise as you feel up to it—like walking
- Surveillance help
- Watch for signs of new or repeat infection
- Take your temperature twice a day

LEARN MORE www.hcin.org/sepsis
*Sepsis Alliance at www.sepsisonline.com

SEPSIS IS A MEDICAL EMERGENCY

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Quality Improvement Organizations **HQIN**

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

HQIN
Health Quality Innovation Network

If resident has suspected infection AND two or more:

- Temperature $>100.7^{\circ}\text{F}$ or $<96.8^{\circ}\text{F}$
- Pulse >100
- SBP <100 mmHg or >40 mmHg from baseline
- Respiratory rate >20 or <10
- Altered mental status

Plan for:

- Notify physician/division
- Contact the physician
- Contact the family

If transferring resident to hospital:

- Prepare transfer sheet
- Call ambulance
- Call in report to hospital
- Report positive sepsis screen

If resident stays in facility, consider options below that are in agreement with resident's advance directives:

- Lab: CBC w/diff, lactate level of alert
- UA/GC, blood culture, as able from 2 sites, not from line
- Establish IV access for IV 0.9% NS 30ml/hr
- Administer IV, PO or IM antibiotics
- Monitor for worsening in spite of treatment, such as:
 - White count $>10,000$ in 24 hours
 - SBP <90 despite IV fluids
 - Altered mental status
- Comfort care:
 - Pain control
 - Analgesic for fever
 - Reposition every 2 hrs
 - Oral care every 2 hrs
 - Other fluids every 2 hrs
 - Keep family informed
 - Adjust care plan as needed
 - Consider transferring 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

- 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.

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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 (e.g., 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).

HAND HYGIENE

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[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

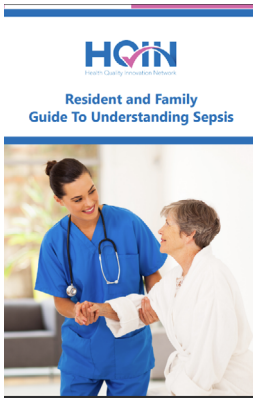
Common infections can lead to sepsis. If you are discharging a resident to their home, establish a process to provide education on sepsis by providing the [Sepsis Stoplight Tool](#) at discharge for residents who have had sepsis or may be at risk of sepsis.

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, act NOW!

	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 103.5°F.	I have a fever of 103.5°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 teeth are chattering. My skin or nails are pale.
How is my energy?	My energy level is as usual.	I'm too tired to do most of my usual activities.	I'm too weak to get out of bed.
How is my thinking?	My thinking is clear.	My thinking feels slow or not right.	My caregivers tell me 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 pneumonia, urinary tract, infection (UTI) or another infection. 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 different. I haven't urinated (peed) for 5 or more hours and/or my urine smells funny, is cloudy, dark or smelly. 	<ul style="list-style-type: none"> I feel very sick. My wound or IV site is painful, red, smelly or has pus. I haven't urinated (peed) for 6 or more hours and/or my urine (pees) is 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 my doctor. 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 home blood pressure is 20 points (top number) lower than usual. 	<ul style="list-style-type: none"> I will call 911 if: My heartbeat is very fast. My breathing is very fast. My home 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](#).

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