# Daily Strategies To Use During Your **Nursing Home** Stand-Up Meetings



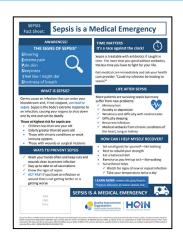
Incorporate the following short, concentrated evidence-based talking points in daily standup meetings to increase staff knowledge on sepsis. The content is aimed at decreasing preventable emergency room (ED) visits and hospital readmissions.

# **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.

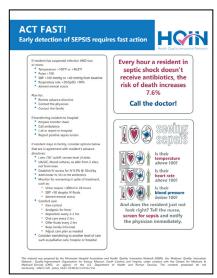
Share the Sepsis is a Medical Emergency Sepsis Fact
Sheet with your team and post for others to reference.



#### Tuesday

Know the signs of sepsis and act fast.

Act Fast! Early
Detection of
Sepsis Requires
Fast Action



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

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People with chronic medical conditions, such as diabetes, lung disease, cancer and kidney disease

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People with meakened immune systems

Children younger than one year

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Sepsis Pocket Card

Review the <u>Act Fast! Early Detection of Sepsis Requires Fast Action</u> fact sheet on early detection and Sepsis Pocket Card with your staff and then post where staff can see and reference them.

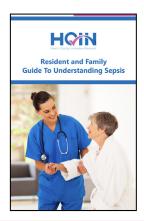
# Wednesday

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 <u>Sepsis Stoplight Tool</u> 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 NOWI			
Common intec	Green Zone No signs of infection.	Yellow Zone Take action today. Call your doctor or nurse:	Red Zone Take action now! Call 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 100° F and 101.4° F	I have a fever of 101.5°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 96.8° 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 I.V. site?	I feel well I had pneumonia, a urinary tract infection (UTI) or another infection I had a wound or I.V. site and it's healing  I feel well  I wound or I.V. site and it's	I don't feel well I have a bad cough My wound or LV, site looks different I haven't urinated (peed) for 5 or more hours and/or my urine (pee) burns, is cloudy, dark or smelly	I feel very sick My wound or LV. site is painful, red, smells or has pus? I haven't urinated (peed) for 6 or more hours and/or my urine (pee) is very dark  I feel very size.
Do I need to call 911 or go to the Emergency Room?	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	I don't need to call 911 but I will call my doctor it:  My heartbeat is faster than usual  My breathing is more difficult and faster than usual	I will call 911 if:  My heartheat is very last  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 <u>Resident and Family Guide to Understanding Sepsis</u> 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 <u>Hand</u> <u>Hygiene Pocket Card</u>

(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 <u>Hand</u>
<u>Hygiene Competency Validation – SPICE Tool</u>.

