

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



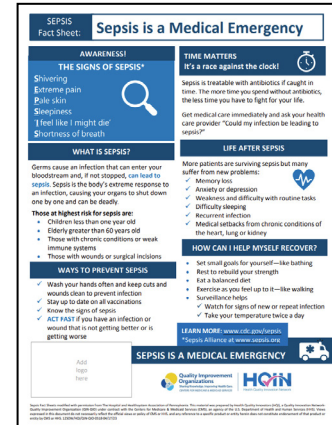
Incorporate the following short, concentrated evidence-based talking points in daily stand-up meetings to increase staff knowledge on sepsis. The content is aimed at decreasing preventable emergency room (ED) visits and hospital readmissions.

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.

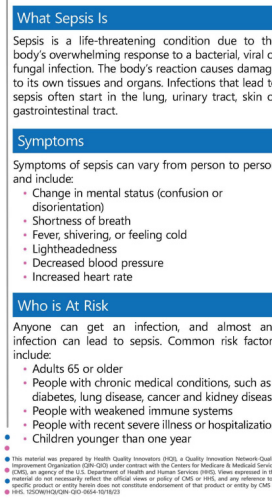
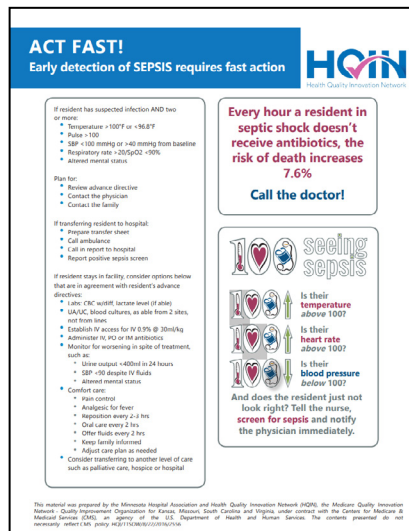
Share the [Sepsis is a Medical Emergency Sepsis Fact Sheet](#) with your team and post for others to reference.



Tuesday

Know the signs of sepsis and act fast.

[Act Fast! Early Detection of Sepsis Requires Fast Action](#)



[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.

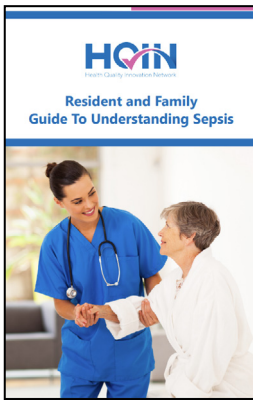
Wednesday

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 or 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.
How is my energy?	My energy level is as usual.	I'm too tired to do most of my usual activities.
How is my thinking?	My thinking is clear.	My thinking feels slow or not right.
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, a 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 8 or more hours and/or my urine smells funny, is cloudy, dark or smelly.
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 need to call 911 but I will call my doctor at the same time. 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 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. 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](#).

