

seeing sepsis

Early detection saves lives.



Minnesota Hospital Association



Long Term Care

Early Sepsis Identification Saves Lives

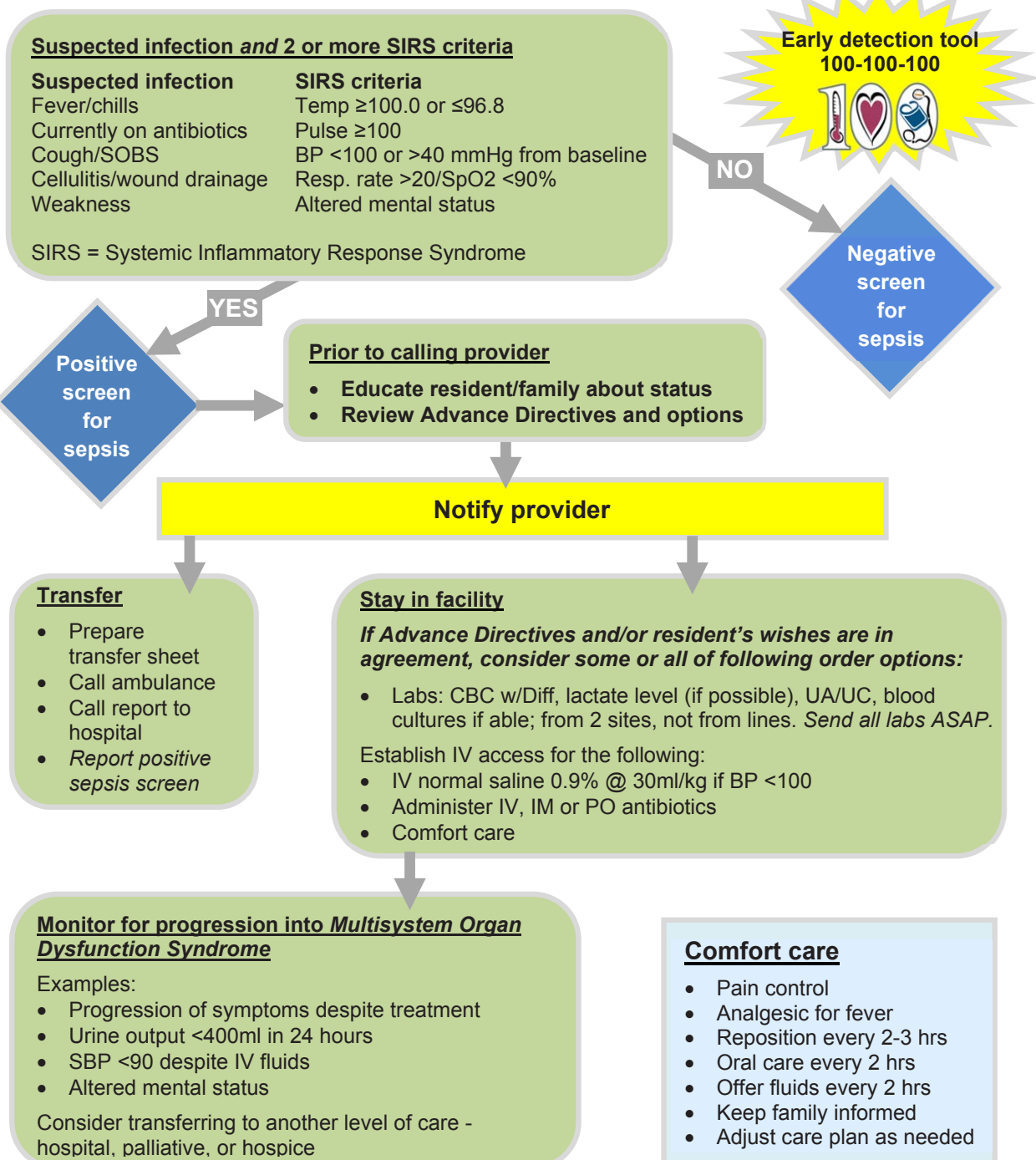
Severe sepsis, a rapid onset of organ dysfunction caused by an overwhelming immune response to infection, is a deadly threat to residents.

MHA coordinated Seeing Sepsis, a program to decrease the incidence of sepsis.

Currently the national mortality rate is 16%. If this was reduced 10% to 40% 28,692 to 114,770 lives would be saved. This is for all patients, not just long term care.

seeing sepsis

Skilled nursing facility sepsis algorithm for adults



ACT FAST!

Early detection of SEPSIS requires fast action

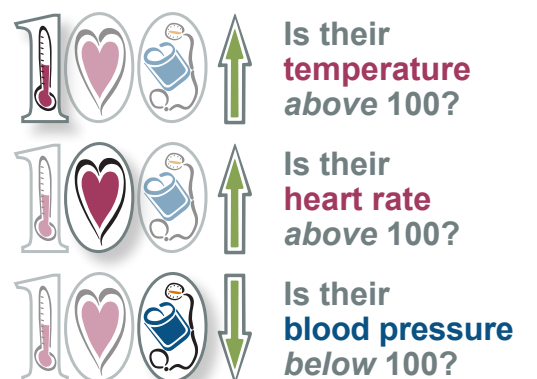
- If resident has suspected infection AND two or more:
- Temperature >100°F or <96.8°F
 - Pulse >100
 - SBP <100 mmHg or >40 mmHg from baseline
 - Respiratory rate >20/SpO2 <90%
 - Altered mental status

- Plan for:
- Review advance directive
 - 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:
- Labs: CBC w/diff, lactate level (if able)
 - UA/UC, blood cultures, as able from 2 sites, not from lines
 - Establish IV access for IV 0.9% @ 30ml/kg
 - Administer IV, PO or IM antibiotics
 - Monitor for worsening in spite of treatment, such as:
 - Urine output <400ml in 24 hours
 - SBP <90 despite IV fluids
 - Altered mental status
 - Comfort care:
 - Pain control
 - Analgesic for fever
 - Reposition every 2-3 hrs
 - Oral care every 2 hrs
 - Offer 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

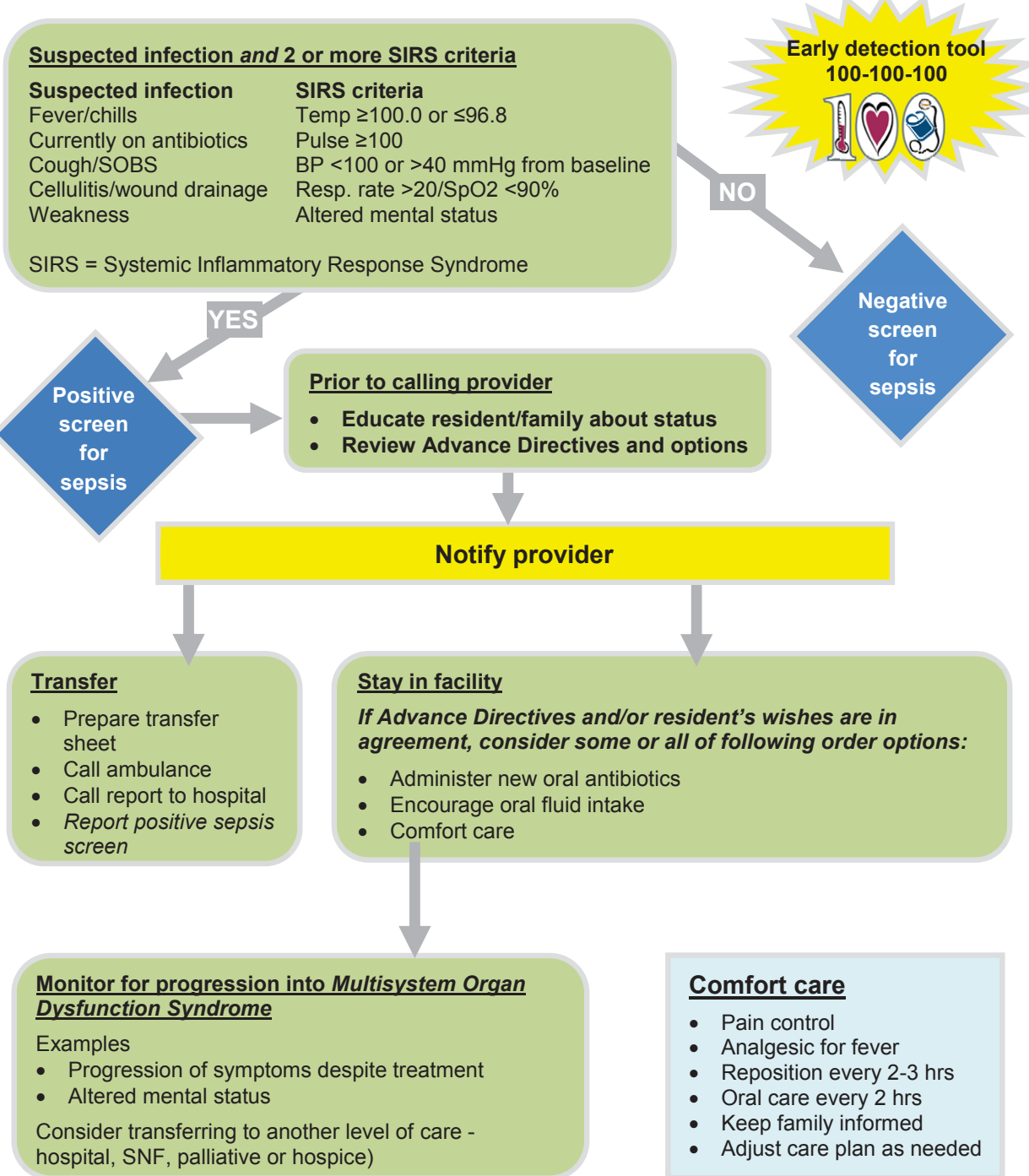
Every hour a resident in septic shock doesn't receive antibiotics, the risk of death increases 7.6%
Call the doctor!



And does the resident just not look right? Tell the nurse, screen for sepsis and notify the physician immediately.

seeing sepsis

Intermediate care and assisted living algorithm for adults



Severe sepsis and septic shock

Care of the resident

OUTCOME	DEFINITION DISTINCTIONS
Symptom Identification	<ul style="list-style-type: none"> • Initiate the 100, 100, 100 rule staff screen. • Symptoms: Just don't look right. Resident weak, more confused, and have other symptoms of infection <ul style="list-style-type: none"> ○ Urinary Tract = frequency, urgency, burning on urination, or pain ○ Respiratory = cough, shortness of breath, increase in sputum ○ Skin = draining wound, redness, swelling, and warm to touch ○ Neurologic = confusion, headache, stiff neck and sensitivity to light • Notify the Registered Nurse • Identify Advance Directive Wishes • Notify the Physician • Call Family
Advance Directives	<ul style="list-style-type: none"> • Verify Resident Wishes <ul style="list-style-type: none"> ○ No treatment ○ Treat and do not transfer ○ Comfort Care
Initial LTC bundle Based off Level of Care and Ability	<ul style="list-style-type: none"> • Obtain Cultures and Blood for Lactate Level • Start IV and give fluids • Start Antibiotics
Transfer Trigger	<ul style="list-style-type: none"> • Identify resident /family wishes to treat in acute care hospital • Transfer Triggers <ul style="list-style-type: none"> ○ Lactate greater than 4 ○ Persistent hypotension despite fluid resuscitation ○ Evidence of organ dysfunction ○ Progression of symptoms

PROCESS		
Surviving Sepsis Campaign's 3- and 6-hour Bundles:		
<table border="0"> <tr> <td> WITHIN 3 HOURS: <ul style="list-style-type: none"> • Measure lactate level. • Obtain blood cultures prior to administration of antibiotics. • Administer broad spectrum antibiotics. • Administer 30 ml/kg crystalloid (0.9% Sodium Chloride) for hypotension or lactate ≥4mmol/L. • Identify resident wishes to be transferred for care. </td> <td> Advance Directive Bundle: <ul style="list-style-type: none"> • Treatment status • Code Status • Comfort Care Status <ul style="list-style-type: none"> ○ Analgesic for fever ○ Pain Control </td> </tr> </table>	WITHIN 3 HOURS: <ul style="list-style-type: none"> • Measure lactate level. • Obtain blood cultures prior to administration of antibiotics. • Administer broad spectrum antibiotics. • Administer 30 ml/kg crystalloid (0.9% Sodium Chloride) for hypotension or lactate ≥4mmol/L. • Identify resident wishes to be transferred for care. 	Advance Directive Bundle: <ul style="list-style-type: none"> • Treatment status • Code Status • Comfort Care Status <ul style="list-style-type: none"> ○ Analgesic for fever ○ Pain Control
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ADDITIONAL PROCESSES <ul style="list-style-type: none"> • Percent antibiotics administered w/in 1 hour of triage (= first set of vital signs) or w/in 1 hour of Code Sepsis activation. • Serum lactate w/in either 3 hours of triage or w/in 3 hours of Code Sepsis activation. • Adherence to Sepsis Transfer Protocol within appropriate time frame. • Adherence to Sepsis Trigger Tool. • Advance Directive. 		

