

# seeing sepsis

Early detection saves lives.



Minnesota Hospital Association



## Long Term Care

### Early Sepsis Identification Saves Lives

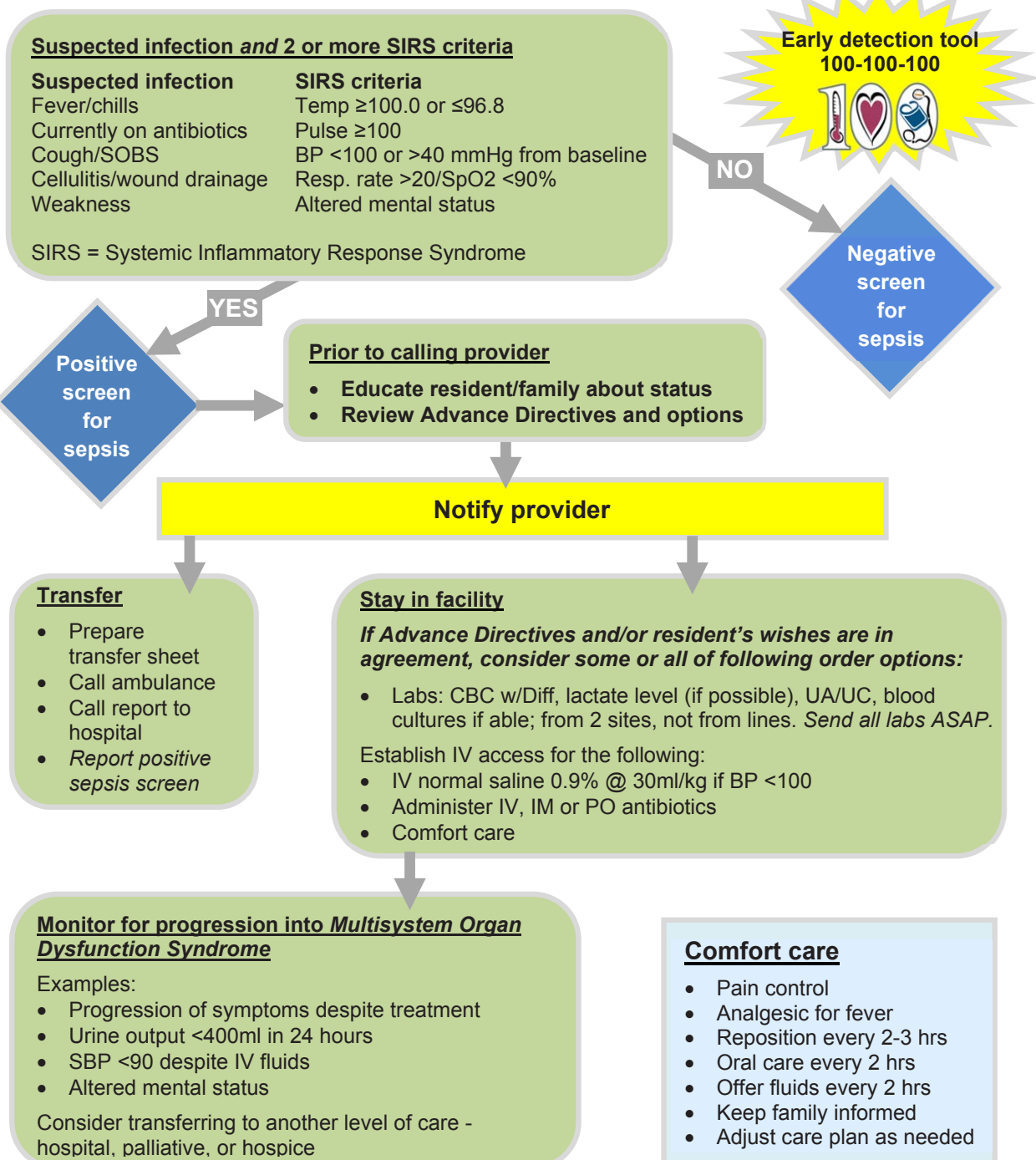
Severe sepsis, a rapid onset of organ dysfunction caused by an overwhelming immune response to infection, is a deadly threat to residents.

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.



## Skilled nursing facility sepsis algorithm for adults



## ACT FAST!

Early detection of SEPSIS requires fast action

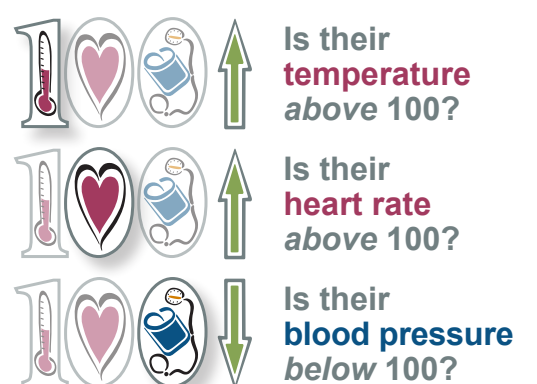
- If resident has suspected infection AND two or more:
- Temperature >100°F or <96.8°F
  - Pulse >100
  - SBP <100 mmHg or >40 mmHg from baseline
  - Respiratory rate >20/SpO2 <90%
  - Altered mental status

- 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

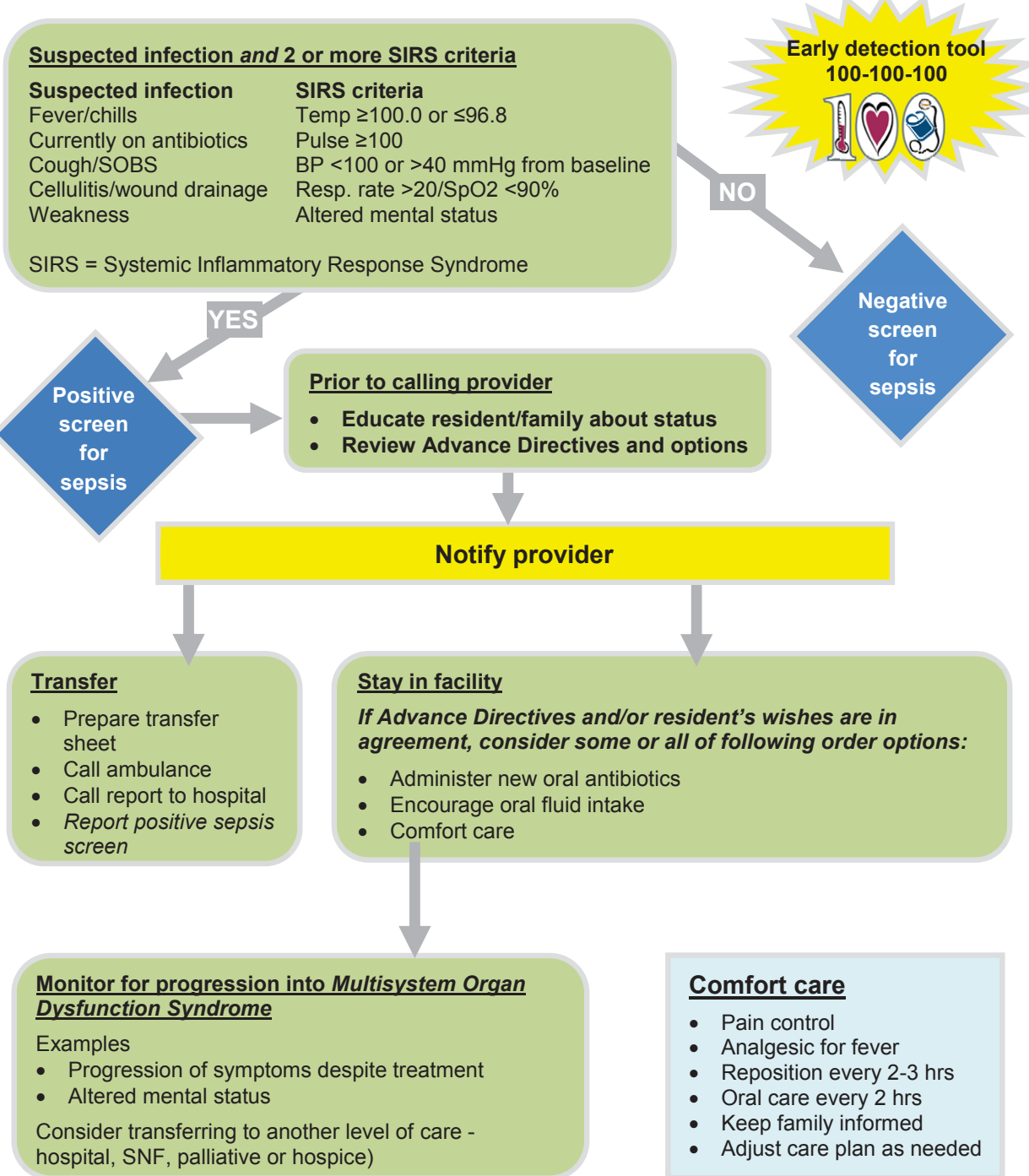
Every hour a resident in septic shock doesn't receive antibiotics, the risk of death increases 7.6%  
Call the doctor!



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



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

PROCESS		
Surviving Sepsis Campaign's 3- and 6-hour Bundles:		
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<b>ADDITIONAL PROCESSES</b> <ul style="list-style-type: none"> <li>• Percent antibiotics administered w/in 1 hour of triage (= first set of vital signs) or w/in 1 hour of Code Sepsis activation.</li> <li>• Serum lactate w/in either 3 hours of triage or w/in 3 hours of Code Sepsis activation.</li> <li>• Adherence to Sepsis Transfer Protocol within appropriate time frame.</li> <li>• Adherence to Sepsis Trigger Tool.</li> <li>• Advance Directive.</li> </ul>		

