Sepsis Care Education

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An Infection, Unnoticed, Turns Unstoppable

Sepsis Awareness Saves Lives!
SEPSIS AWARENESS SAVES LIVES!

• Early Recognition and appropriate treatment can reduce the morbidity and mortality of Sepsis.

• According to the CDC, the number of Sepsis cases in the United States increases every year.

• The National Institute of Health reports Sepsis causes more deaths in the US than prostate cancer, breast cancer and AIDS combined.

• Ohio Hospital Association statewide sepsis initiative to reduce sepsis mortality by 30% year end 2018
EARLY MANAGEMENT BUNDLE FOR SEVERE SEPSIS/SEPTIC SHOCK

- This standardized treatment has been shown to improve efficiency and reduces morbidity and mortality.
- Consists of 3 and 6 hour bundles of early interventions.
- The Joint Commission requires hospitals to report the treatment received by a sample of Severe Sepsis and/or Septic Shock patients.
  - This reporting is called “Sep-1 Early Management Bundle Severe Sepsis/Septic Shock” core measure.
  - Patients who do not receive the bundle treatment in the time recommended are considered fallouts for the hospital.
- As a member of the Ohio Hospital Association (OHA):
  - This measure is reported to the OHA as part of the statewide sepsis initiative.
  - We are compared to other hospitals throughout the state.
SEPSIS EARLY MANAGEMENT BUNDLE

Within 3 hours of Severe Sepsis/Septic Shock Presentation:
1. Obtain an Initial Lactate Level
2. Obtain Blood Cultures (2 sets)
3. Administer Antibiotics – If more than 1 ordered, administer Vancomycin last
4. If Severe Sepsis with Initial Hypotension or Septic Shock – Fluid Resuscitation with 30 ml/kg crystalloid fluid bolus (started within 3 hours of presentation and completed within 6 hours)

Within 6 hours:
1. Repeat Lactate if Initial Lactate > 2 (See Below)
2. If Persistent Hypotension – administer vasopressors
3. If Persistent Hypotension or Initial Lactate ≥ 4, assess volume status and tissue perfusion

Sepsis Order Set (2037) – please use this order set if you suspect Sepsis
Lactate Lab (in this order set only) is built to repeat in 4 hours if Initial Lactate >2 (NO NEED to order separate Repeat Lactate)
IV fluids default to 30 ml/kg bolus dose

**Please see Sepsis Tip Sheet for more details regarding core measure definitions of - Presentation Time, Initial Hypotension, Persistent Hypotension, Assessment, etc.
MEWS has been added to the patient chart to provide better visibility of those patients who may be at risk of sepsis, infection, stroke, cardiac event, or other acute situations.

Scores automatically calculate for each parameter below:

<table>
<thead>
<tr>
<th>Score</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Rate</td>
<td>≤ 39</td>
<td>40 - 50</td>
<td>51 - 100</td>
<td>101 - 110</td>
<td>111 – 129</td>
<td>≥ 130</td>
<td></td>
</tr>
<tr>
<td>Resp. Rate</td>
<td>≤ 8</td>
<td>9 - 11</td>
<td>12 - 20</td>
<td>21 - 25</td>
<td>26 - 30</td>
<td>≥ 31</td>
<td></td>
</tr>
<tr>
<td>Syst. BP</td>
<td>≤ 74</td>
<td>75 - 79</td>
<td>80 - 89</td>
<td>90 - 190</td>
<td>≥ 191</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temp.</td>
<td>≤ 96.7</td>
<td>96.8 – 97.9</td>
<td>98.0 – 100.7</td>
<td>100.8-101.3</td>
<td>≥101.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOC</td>
<td>Unresponsive</td>
<td>Responds to pain</td>
<td>Difficult to arouse</td>
<td>Alert</td>
<td>New agitation or confusion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Goal:** Early Recognition and Treatment
In the **Patient Lists** activity, the **MEWS** column displays the most current MEWS score for the patient. Add this to your current list to monitor our patient’s closely.

**Patient Lists Report** – Search for the MEWS report and wrench it in to follow real time MEWS scores for your patients.
### MEWS BPA

#### Very Important (1)

This patient has a MEWS score of 5 on most recent data. Assess the patient; consider informing physician and charge nurse and calling the STAT team; consider initiation of sepsis order set if suspected infectious process.

<table>
<thead>
<tr>
<th>Vitals</th>
<th>11/14/17 1657</th>
<th>11/14/17 2001</th>
<th>11/14/17 2048</th>
<th>11/15/17 1200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temp</td>
<td>97.6 °F (37 °C)</td>
<td>98.6 °F (37 °C)</td>
<td>96.5 °F (35.8 °C)</td>
<td>96.5 °F (35.8 °C)</td>
</tr>
<tr>
<td>Pulse</td>
<td>88</td>
<td>91</td>
<td>90</td>
<td>60</td>
</tr>
<tr>
<td>Resp.</td>
<td>25 (!)</td>
<td>21 (!)</td>
<td>22 (!)</td>
<td>24 (!)</td>
</tr>
<tr>
<td>BP.</td>
<td>117/82</td>
<td>117/82</td>
<td>100/50</td>
<td>100/50</td>
</tr>
<tr>
<td>A/P/U</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEWS Score</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

Last WBC, Collected: 11/14/2017 6:50 PM = 10.7 10^3/uL
Prev WBC, Collected: 11/14/2017 1:00 PM = 12.6 10^3/uL
Last LACTATE: Not on file
Last POCLAC: Not on file

**Open Order Set** | **Do Not Open** | **Sepsis Order Set** | **Preview**
--- | --- | --- | ---
**Open Order Set** | **Do Not Open** | **Stroke Add On Order Set** | **Preview**

#### Document Vitals

- **Acknowledge Reason**
  - **Will Assess**
  - **Already Being Treated**
  - **Clinically Unchanged**
  - **Not Primary Team**

- Choosing **“Will Assess” & “Not Primary Team” – WILL NOT** stop the BPA from appearing every time the patient’s chart is opened
- Choosing **“Already Being Treated” & “Clinically Unchanged” – WILL STOP** the BPA from appearing for 12 hours unless the MEWS score continues to increase
MEWS BPA (TIP SHEET)

• New BPA’s have been created and also include hard stops for all clinicians to review based on the patient’s current MEWS score.

• Contributing factors to the alert will display.

• Nurses are instructed to assess the patient and consider informing the physician if MEWS >3 is obtained.

• Nurses are instructed to assess the patient and consider informing the physician, charge nurse, and STAT team if MEWS >4 is obtained.

• Nurses and physicians are encouraged to communicate about the use of Sepsis and Stroke order sets. Both order sets are available as a link from the BPA for your convenience.

• The end user must document an Acknowledge Reason in order to accept the BPA.
  ➢ BPA’s for the hospital side will appear every 12 hours
  ➢ BPA’s for the Emergency Department will appear every 4 hours