

Sepsis Care Education

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An Infection, Unnoticed, Turns Unstoppable

Sepsis Awareness Saves Lives!

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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.

NEW EPIC MODIFIED EARLY WARNING SYSTEM (MEWS)

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:

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

Goal: Early Recognition and Treatment



Try It Out

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.

Admission Info ▲	Patient	Attend Prov w/ Phone	Fall Risk	MEWS	MEWS Delta
7W MICU POOL/NONE 1 Renal insufficiency (Additi...	Brusselsprout, E (60 y.o. M)	JENNINGS, MICHAEL R (513-585-1500)	!	5	5 MEWS Score
7W MICU POOL/NONE 1 Renal insufficiency (Additi...	Radicchio, E (60 y.o. M)	JENNINGS, MICHAEL R (513-585-1500)	!	1	+ 2 0 1 1
5031/1 1 None	Zzmaster, O (41 y.o. M)	JENNINGS, MICHAEL R (513-585-1500)	—	0	+ 1 1

MEWS Score Breakdown:

- 2 Respirations
- 0 Pulse
- 1 Systolic BP
- 1 LOC
- 1 Temperature

MEWS

Admission Info ▲	Patient	Attend Prov w/ Phone	Fall Risk	MEWS	MEWS Delta	MEWS Time Since Reviewed	RN Notifications
526/1 MI (initial incompetence)	Stark, Anthony 47 y.o. / M	CARDI, MICHAELA (513-241-5630)	—	0	+	Never reviewed	
5004/1 Acute diastolic ACCVMA...	Chicken, Charlie 34 y.o. / M	VEHR, GERALDINE M (513-585-1300)	—	7	+7	Never reviewed	

Chicken, Charlie #10523199 (Acct:1000549) (34 y.o. M) (Adm: 03/07/17) C55-5004-1

MEWS

- 3 Respirations
- 3 Pulse
- 1 Systolic BP
- 2 LOC
- 2 Temperature

Total Score: 7

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.

Vitals:

	11/14/17 1657	11/14/17 2001	11/14/17 2048	11/15/17 1200
Temp:		98.6 °F (37 °C)		96.5 °F (35.8 °C)
Pulse:	88	91	90	60
Resp:	(!) 25	(!) 21	(!) 22	(!) 24
BP:		117/82		100/50
Conscious Level (AVPU):			1-Response to voice or confusion or new agitation	2-Difficult to arouse
MEWS Score:	2	1	2	5

Last WBC, Collected: 11/14/2017 6:50 PM = 10.7 10³/uL
Prev WBC, Collected: 11/14/2017 1:00 PM = 12.6 10³/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