

Sepsis Train the Trainer Manual

Module D: Using Bedside Personnel to Recognize Signs & Symptoms

SLIDE 2—TRANSITION SLIDE EARLY RECOGNITION OF SEPSIS IN LONG TERM CARE SETTINGS

SLIDE 3—PROMPT IDENTIFICATION OF INFECTIONS CAN INTERRUPT THE PATH TO SEPSIS

SLIDE 4—TRAINING

SCRIPT

All staff who interact with residents must be enlisted in identifying signs and symptoms of sepsis.

SLIDE 5—SEPSIS IN THE NURSING HOME SETTING

SCRIPT:

- Based on an assessment of resources, personnel, training and supports available you will need to make a decision about what the priorities is for your nursing facility
- For all facilities early identification is going to be one of the priorities
- But you may decide that it will be difficult to provide prolonged treatment onsite

- If that is the case then an additional priority to early identification will be ensuring that the process of transferring identified residents with sepsis occurs rapidly, that there is a warm handoff to ER personnel and that there is follow up to ensure communication of vital information such as lab values and a record of the assessment you performed in your facility.

SLIDE 6—WHERE DOES SEPSIS START?

SCRIPT

We have two buckets of residents. Those who develop sepsis for the first time in a long-term care setting. The second bucket is those who were treated for sepsis and who are discharged after treatment to a long-term care facility.

SLIDE 7—STOP AND WATCH:

SCRIPT

The Stop and Watch tool is intended for personnel with a lower level of training. This could be used to assist CNAs or LPNS who are delivering bedside care.

- This is an easy tool for someone to use.
- It could even be used to train family members and people working in ancillary services e.g., physical therapy or food service.
- It does not require labs or even vital sign data to make a determination whether to alert a higher trained person of a change in condition in a resident.

SLIDE 8—MINNESOTA HOSPITAL ASSOCIATION

The Minnesota Hospital Association developed a tool for use in skilled nursing facilities.

SLIDE 9—MINNESOTA HOSPITAL ASSOCIATION SEPSIS SCREENING TOOL

The first part of the tool governs screening prior to notifying the attending physician or nurse practitioner on call.

- When there is an infection present, and the SIRS criteria are met then the screen is considered positive.
- This should trigger a discussion with nursing supervisors, a review of advanced directives and orders and some communication to the resident's designated family member or caregiver.
- Then the provider should be notified using accepted protocols e.g., for notification.

SLIDE 10—MINNESOTA HOSPITAL ASSOCIATION SEPSIS SCREENING TOOL

Once the provider is notified, you will need to make decisions based on established protocols for whether the resident can be treated on site or should be transferred.

- This decision will depend upon the availability of trained personnel, supplies, equipment and medication.
- It will also depend upon directive that may be in place for a particular resident.

SLIDE 11—MINNESOTA HOSPITAL ASSOCIATION SEPSIS SCREENING TOOL USES

This tool was created to foster a dialogue between front line medical staff (CNAs, LPNS, RNs) and clinicians.

- It was specifically designed for the skilled nursing home settings and other long term care settings.
- It was created in response to rising death rates from sepsis in older adults.

SLIDE 12—MINNESOTA HOSPITAL ASSOCIATION SEPSIS SCREENING TOOL USES CONTINUED



The 100's make the tool really easy to remember and to apply.

- The screen is triggered if the temperature is above 100, if the heart rate is above 100 and if systolic blood pressure is below 100
- An additional criterion is mental status. Has the resident's mental status changed from their baseline?

SLIDE 13—ATLANTIC QUALITY IMPROVEMENT TOOL

Here is another tool which was developed as part of a quality improvement project. This was funded by the Centers for Medicare and Medicaid Services.

It uses similar criteria to the other tools. Changes in vital signs or mental status coupled with signs of infection suggest a notification to the health care provider.

- Two of the criteria on the left side of the chart must be triggered along with signs of infection.
- The algorithm suggests additional actions that can be taken to confirm sepsis if the vital signs are not triggered.
- These labs include white blood cell count, 2 blood cultures, lactate levels, coagulation, serum creatinine, platelet count, bilirubin, urinalysis and urine culture, and blood glucose
- Reference values for these labs are included in the tool.

SLIDE 15—ATLANTIC SCREENING TOOL LIMITATIONS

The tool is helpful in that it provides clear criteria for early identification of sepsis in nursing home facilities.

- The tool relies on laboratory tests ultimately, to determine if a resident is sepsis.
- This may be difficult to accomplish promptly in some skilled nursing facilities.
- The tool does not explicitly provide recommendations or criteria for transfer to an acute care facility.

SLIDE 14—ATLANTIC SCREENING TOOL USES

Includes vital sign and laboratory criteria for early identification of sepsis.
Includes consideration of patient's wishes.

SLIDE 16—SEVERE SEPSIS SCREENING TOOL

The Nevada Severe Sepsis Coalition created a screening tool. This was also intended for skilled nursing facilities and long-term settings.

- It combines signs of infection and the SIRS criteria.
- Vital signs are used to pinpoint organs that might be failing.

SLIDE 17—INFECTION

If a resident is showing signs of infection or is on antibiotic therapy that is an early warning sign. If vital signs are such that the SIRS criteria are met, then another warning sign exists.

SLIDE 19—ORGAN DYSFUNCTION

If there are signs of organ dysfunction in a particular system another warning sign exists and it can also guide the search for a specific site for infection if that is not known.

SLIDE 20—LABS

Recent labs provide an additional indicator of sepsis. Reference values are provided.

SLIDE 21—LABS CONTINUED

If one laboratory value exceeds the reference thresholds that is a sign warning of possible sepsis.

SLIDE 22—TRANSITION SLIDE SBAR

SLIDE 23—AHRQ SBAR TOOL

- S stands for Situation
- B for Background
- A for Assessment
- R for Request or Recommendation

SLIDE 24—SBAR CONTINUED: Here is an example of SBAR content for a Sepsis report.

- The Situation is that the Resident has screened positive for sepsis using the agreed upon tool for the level of personnel at the facility.
- Background information could include information about whether the resident is being treated for an infection and which organ system is affected. It could also include information about abnormal vital signs.
- Assessment should include additional data such as oxygen saturation.
- Recommendation or Report could include the request to be able to administer the fluid bolus and re-monitor after an hour. It could also include a request for follow up if the resident's hypotension does not resolve with fluid bolus e.g., transfer to an acute care facility.

SLIDE 25—SBAR – AHRQ EXAMPLE

Here is the Situation and Background section of the SBAR which you can find on the AHRQ website here:

https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/4_TK1_T1-SBAR_UTI_Final.pdf

SLIDE 26—ASSESSMENT PORTION SBAR AHRQ

Here is the Assessment portion of the AHRQ SBAR.

SLIDE 27—REQUEST PORTION OF THE AHRQ SBAR

This is the recommendation section of the AHRQ SBAR.

SLIDE 28—INTERACT SBAR

This is the INTERACT SBAR tool.

SLIDE 29—PROGRESS NOTES ASSOCIATED WITH INTERACT SBAR

The Assessment section of the AHRQ tool has places for detailed notes for each system.

SLIDE 30—PROGRESS NOTES CONTINUED

SLIDE 31—PROGRESS NOTES CONTINUED

At the end of the form the time and date the clinician was notified is recorded. There is also a section where actions taken can be recorded e.g., testing done, or medications administered.

SLIDE 32—MANAGEMENT/TREATMENT IN LONG TERM CARE SETTINGS

SCRIPT:

- In order to successfully treat patients for sepsis in skilled nursing facilities, some things must be in place
- A laboratory facility must be able to report labs within a few hours. If you are sending your lab samples to remote locations for analysis, this will greatly compromise your ability to monitor residents who are suspected to be septic.
- It is very helpful to have standing orders in place so that resuscitation does not have to wait for an order to be called in by the attending physician.

- Nurses need to have the flexibility to start resuscitation if they believe it is warranted.
- The appropriate fluids need to be readily accessible
- Blood culture kits and other supplies must be accessible
- Staff need to have clear protocols for recognition and documentation of sepsis symptoms.

Conducting sepsis rounds can be useful to ensure everyone is ready and that needed supplies are available.