

# Sepsis Train the Trainer Manual

## Module F: Early Identification and Treatment in The Nursing Home

**SLIDE 2—WORLD HEALTH ORGANIZATION VIDEO:** Watch WHO video (~ 3 minutes)

- Sepsis is not only a problem here in the US, but it is a problem worldwide.
- Access video here:

<https://www.youtube.com/watch?v=GKRQm0i5Jdl>

**SLIDE 3—TRANSITION SLIDE EARLY RECOGNITION OF SEPSIS IN LONG TERM CARE**

**SLIDE 4— RECOGNITION OF SEPSIS**

### SCRIPT

Here are some of the common signs that tell us someone may be developing or may have sepsis.

- A resident may show a change in their cognition, awareness or consciousness.
- A fall may precede sepsis.
- The patient may report feeling suddenly worse.

- Their heart rate may increase.
- Blood pressure may be low or drop suddenly.
- They may show respiratory symptoms such as an increase in rate or a cough or trouble breathing.

### **SLIDE 5—FACTORS COMPLICATING RECOGNITION OF SEPSIS**

- Unfortunately, many of the residents with infection who we may be assessing for sepsis have other conditions that may complicate the picture and resemble sepsis.
- For example, patients who have baseline cognitive deficits are going to be difficult to assess for changes in cognition.
- Some conditions like asthma or COPD may cause a person to have an increased respiratory rate even if no infection is present.
- Many are taking medications for heart conditions or psychological disorders which can lower the blood pressure.
- Some heart medications cause a rapid heart rate.

### **SLIDE 6—GRAPHIC-WITHOUT PROMPT TREATMENT SEPSIS CAN LEAD TO ORGAN FAILURE AND DEATH**

### **SLIDE 7—GRAPHIC ON INTERACT CARE GUIDANCE ON INFECTIONS**

### **SLIDE 8—GRAHIC ON STOP AND WATCH**

## **SLIDES 9—GRAPHIC ON QUALITY IMPROVEMENT**

## **SLIDE 10—GRAPHIC ON SEPSIS QUALITY IMPROVEMENT FLOW CHART**

## **SLIDE 11—GRAPHIC ON SEPSIS QUALITY IMPROVEMENT FLOW CHART (continued)**

## **SLIDE 12—GRAPHIC ON SEPSIS QUALITY IMPROVEMENT FLOW CHART CONTINUED**

## **SLIDE 13—SBAR**

READ BULLETS

## **SLIDE 14—ALTERED MENTAL STATUS**

- Mental status is a critical sign we can use as we evaluate residents for sepsis.
- Septic people may show signs of confusion even before other signs emerge.
- There are a lot of different tools you can use to assess mental status.

- This tool, The Confusion Assessment method looks for the first two criteria, acute onset and inattention plus one of the last two: disorganized thinking or alteration of consciousness.\

### **SLIDE 15— WHAT QUESTIONS CAN GUIDE US IN SEPSIS PREVENTION AT TIME OF ADMISSION**

- It would be useful to evaluate residents at the time of admission and on a regular basis to answer these questions. This can help to pinpoint residents who are at higher risk of developing sepsis.

### **SLIDE 16—WHERE DOES SEPSIS START?**

- 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 17— GRAPHIC SHOWING COMMON ORGANISMS CAUSING INFECTIONS IN LONG TERM CARE SETTINGS**

#### **SCRIPT**

In the long-term care setting the organisms most commonly associated with sepsis are Methicillin Resistant Staph Aureus, Clostridium difficile and vancomycin resistant Enterococcus

## **SLIDE 18—PROMPT IDENTIFICATION OF INFECTIONS CAN INTERRUPT THE PATHWAY TO SEPSIS**

- Some facilities have had success in preventing transfer to acute facilities by bolusing with fluids and
- Starting broad spectrum antibiotic treatment early.
- One center in Nevada that partnered with sepsis coordinators at their acute care partner hospital reported they were able to adequately treat 90% of patients without transfer after they were identified in the sepsis screen they used.

## **SLIDE 19—SEPSIS IN THE NURSING HOME SETTING**

- 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 20—MANAGEMENT/TREATMENT IN LONG TERM CARE SETTINGS**

- 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.

## **SLIDE 21—SEPSIS KIT CONTENT:**

Here is a sample list of the things that need to be available in order to provide early treatment in skilled nursing facilities for patients who may be septic.

## **SLIDE 22—HOUR ONE BUNDLE**

- The literature tells us that ideally these things should happen within one hour of the first notation in the chart of signs and symptoms of sepsis.
- This was designed for use in the ER setting.
- Doing this in the skilled nursing facility setting requires planning and training.

## **SLIDE 23—GRAPHIC ON ONE HOUR BUNDLE**

## **SLIDE 24—THREE HOUR BUNDLE:**

This is more realistic for implementation in nursing homes.

## **SLIDE 25—CONCERNS ABOUT OVER PRESCRIBING ANTIBIOTICS MAY INTERFERE WITH PROMPT ADMINISTRATION WHEN SEPSIS IS SUSPECTED**

### **SCRIPT**

Read Bullets

## **SLIDE 26—ANTIBIOTIC RESISTANCE RESULTING FROM USE OF ANTIMICROBIALS:**

### **SCRIPT:**

- There are legitimate concerns about antibiotic prescription overuse resulting in infections like these.

## **SLIDE 27—CLOSTRIDIUM DIFFICILE RISK AND SEPSIS ANTIBIOTIC ADMINISTRATION**

## **SLIDE 28—CDC FRAMEWORK FOR ANTIBIOTIC STEWARDSHIP**

### **SCRIPT**

Read Bullets

## **SLIDE 29—ANTIMICROBIAL STEWARDSHIP IN MANAGEMENT OF SEPSIS**

### **SCRIPT**

Read Bullets



## **SLIDE 30—KUMAR GRAPHIC ON ANTIBIOTIC USE AND SURVIVABILITY**

### **SCRIPT**

- The earlier you start antibiotic therapy; the longer people live.

## **SLIDE 31—CASE STUDY TRANSITION**

### **SLIDE 32—CASE STUDY**

- This case study was adapted from one on the AHRQ website.
- The adaptations were made to make it suitable for training in the long-term care setting.
- This resident is in long term care and has been at the facility for two years since her husband died.
- She is obese.
- She had an acute dizzy spell, and her appetite has been poor for the last couple of days.
- She is short of breath.

## **SLIDE 33—INITIAL ASSESSMENT**

## **SLIDE 34—RESIDENT ASSESSED FOR INFECTION AND ORGAN DYSFUNCTION**

- Because the resident is having symptoms in multiple systems e.g., CNS (dizziness); gastrointestinal (loss of appetite); respiratory (shortness of breath) she would meet the criteria for suspicion of sepsis on standard screens.
- The following labs were ordered for her:
  - Lactate
  - Blood cultures
  - UA/UC
  - Electrolytes
  - BUN
  - Creatinine

## **SLIDE 35—SEPSIS BUNDLE ORDERS**

- This facility in our fictional case study, has standing orders for residents like Deborah who trigger a sepsis screen.
- These include giving a fluid bolus over an hour.
- They also include administration of broad-spectrum antibiotics.
- The resident needs to be reassessed and vital signs need to be frequently monitored.

### **SLIDE 36—RESIDENT REASSESSED**

- When the resident is reassessed, many vital signs have deteriorated when compared with baseline values.
- An assessment of mental status reveal confusion.

### **SLIDE 37—LABORATORY VALUES**

- The stat labs are in.
- The lactate level is alarmingly high. A level higher than 2 triggers some sepsis screens. A level higher than 4 is an indication that transfer should be considered.
- In your small group sessions discuss this case, what suggestions you would have made.

**SLIDE 38—WHAT WOULD YOU RECOMMEND:** Spend a few moments considering your responses to the following questions...

1. What steps should be taken to respond to this new information about Dorothy's condition?
2. What do the results of the labs and the assessment indicate?
3. What would you recommend?
4. What concerns would you have as a nursing supervisor about Deborah?
5. What steps should the CNA take to document Deborah's change in condition?

6. What tools might be used in your facility to assist with documenting the change in condition?
7. Who should be alerted and how should they be alerted to Deborah's change in condition?