Bacteremia, Sepsis and Septic Shock
A guide for parents and caregivers of children

RESOURCES for PARENTS and CAREGIVERS
- Kids Health www.kidshealth.org
  www.kidshealth.org/parent/pregnancy_center/newborn_health_conditions/sepsis.html
- Sepsis Alliance www.sepsisalliance.org/sepsis_and/children

REFERENCES
- Surviving Sepsis Campaign www.survivingsepsis.org
- Kids Health www.kidshealth.org

Bacteremia, Sepsis and Septic Shock
A guide for patients and families

RESOURCES for FAMILIES and PATIENTS
- International Sepsis Forum www.internationalsepsisforum.com/sepsis-booklet
- Sepsis Alliance www.sepsisalliance.org
- eMedicine Health www.emedicinehealth.com
- Search topic "Sepsis"
- Society of Critical Care Medicine www.myicucare.org
  Choose "Patients and Families" tab

REFERENCES
- Surviving Sepsis Campaign www.survivingsepsis.org
- U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Health Statistics. (2011) Inpatient Care for Septicemia or Sepsis: A Challenge for Patient and Hospitals (NCHS Data Brief, No. 62) Hall, M, Williams, S, DeFrances, C. & Golosinshiy, A.

Innovative Ways Nursing Can Impact Sepsis Recognition and Care in Adults and Children

METHOD
- Following the 2012 Surviving Sepsis Guidelines, an interprofessional team revised sepsis admission, transfer and standard-of-care order sets.
- Included a detailed list of antibiotics specific to different disease processes
- Standard orders for all patients
- Time-frame on lactacid
- Nurse-developed screening tools were revised to include all patient populations, including pediatrics.
- Prior screening tool began at age 4; new tool is for all ages

EDUCATIONAL PLAN
- Case studies
- Online learning
- Brochures designed for staff, patients and families to be used as a framework for continuity of information

STAFF EDUCATION
- Early recognition
- Timely physician notification
- Timely lactacids and blood cultures
- Appropriately antibiotic usage

RESULTS
- ICD-9 codes, monitored as reference for early recognition, increased from 3% to 8.4%

(See Graph 1)
- Severe sepsis, principle diagnosis mortality rate decreased from 12.0% to 6.02%

(See Graph 2)
- Simple sepsis morbidity rate decreased from 5.5% to 4.6%

(See Graph 3)
- Severe sepsis morbidity rate decreased from 7.5% to 5.88%

(See Graph 4)
- Sepsis admission order set usage for the ED and direct admissions has increased.
- Time from recognition to first antibiotic is close to one hour in the ED and two hours for a direct admit.
- Still working on performing screening every shift.

EVANSVILLE, INDIANA

BACKGROUND
- Sepsis is the leading cause of death in the non-ICU setting, with more than 200,000 deaths a year in the United States.
- Nurse-driven early recognition and treatment plans have increased awareness of sepsis guidelines, improved staffing practices, decreased mortality in our organization.

PROBLEM
- Screening patients for sepsis during shift assessments was not performed correctly, and nurses did not always report a positive screening.
- Required in ED and every shift on the units
- Nurse unsure what to do with a positive screen.
- Treatment plans were not standardized at the system level.
- Baseline percentage for simple sepsis was 25%.
- Although under national benchmarks, mortality for severe sepsis was 18%.