

SEPSIS FACT SHEET

Post-Acute Care Facilities



THE SIGNS OF SEPSIS*

Shivering **Extreme pain** **Pale skin** **Sleepy** **“I feel like I might die”** **Short of breath**

TREAT WHILE AWAITING

TRANSFER:

Start IV access
Draw blood cultures and lactate
Start antibiotics
Start fluid



TREAT
while awaiting
transfer

SCREEN

to improve
recognition with a
sepsis screening
tool for
unlicensed staff
MHA** or
INTERACT***



PREVENTION:

Hand hygiene
Vaccinate patients/staff
Keep wounds clean
Know the signs of sepsis

PREVENTION



The **KEY** is
EARLY
DETECTION

KNOW
the signs of
sepsis and have
an escalating
action plan

PREPARE

Hold role-playing
sessions for staff
Learn to
recognize sepsis
symptoms early

COMMUNICATE
use SBAR tool to
effectively
communicate
clinical information
to physician or
advanced practice
clinician



*Sepsis Alliance at www.sepsis.org

**Minnesota Hospital Association *Seeing Sepsis Long Term Care Resources*

***INTERACT *Stop and Watch Early Warning* and *SBAR Communication* tools

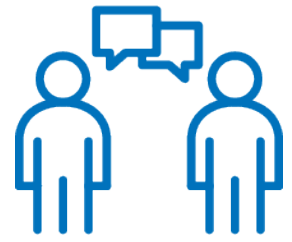
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SEPSIS FACT SHEET

Hand-Off Communication

Acute care hospital → Post-acute care facility



What You Need To Know If Your Patient Had Sepsis

Sepsis survivors may be discharged with new medical problems and have trouble with routine tasks.

When a sepsis survivor is discharged to a post-acute facility, the following should be provided:



Facility-to-facility communication

Say "sepsis" in the discharge summary—include source, organism, and antibiotics



Medication reconciliation and dosage adjustment if necessary

Surveillance for a new or recurrent infection post-discharge

Life After Sepsis Video:
<https://youtu.be/HIk64wdy44Q>
or search "Sepsis Alliance Life after Sepsis"



SEPSIS SURVIVORS ARE AT RISK



Cognitive disability
Forgetfulness/concentration

Anxiety and depression

Health deterioration

Chronic disease management

Immunosuppression

Readmission within 30 days often with another infection

Decreased quality of life

Early mortality

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Patient Post-Discharge

So you had sepsis...now what?

MONITOR YOUR HEALTH DAILY



My heartbeat and breathing are normal for me

I do not have a fever

- **Take temperature twice a day**



I do not feel hot or cold

My energy level is normal for me

My thinking is clear

I feel well

My infection is resolving

Any open skin is healing



My heartbeat or breathing is faster than normal

I have a slight fever (100°F – 100.4°F)

I have chills/shivering

I am tired and it is difficult to do my normal activities

My thinking is slow

I do not feel well

My infection is not getting better

My area of open skin looks different

Contact Primary Care for an urgent visit



My heartbeat or breathing is very fast

I have a fever (100.5°F or greater)



My temperature is below 96.8°F

My skin is pale or nails are blue

I am very tired and cannot do my daily activities

I am confused or my caregivers tell me I am not making sense

I feel sick

My open skin is red, painful, smells, or has pus

Go NOW to Urgent Care or Emergency Room or call 911

TAKE ACTION!

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Patient Post-Discharge Action Plan



My heartbeat or breathing is very fast

I have a fever (100.5°F or greater)



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My skin is pale or nails are blue

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I am confused or my caregivers tell me I am not making sense

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Note to clinicians:

Please complete and review this Action Plan with patient and provide at discharge

LEARN MORE: www.cdc.gov/sepsis
*Sepsis Alliance at www.sepsis.org

For patients experiencing concerning signs of symptoms

WHAT TO DO:

Get medical care immediately and ask "Could this be sepsis?"

Go NOW to Urgent Care _____

Located at _____

Go NOW to Emergency Room _____

Located at _____

Call 911

KNOW THE SIGNS OF SEPSIS*

Shivering Extreme pain Pale skin Sleepiness
'I feel like I might die' Shortness of breath



**Sepsis is a medical emergency—
ACT FAST!**

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SEPSIS FACT SHEET



Patient and Family Education

AWARENESS— THE CURE FOR SEPSIS!

THE SIGNS OF SEPSIS*

- Shivering
- Extreme pain
- Pale skin
- Sleepiness
- 'I feel like I might die'
- Shortness of breath

ANYONE CAN GET SEPSIS

Germs cause an infection and, if not stopped, **any infection can lead to sepsis**. Sepsis is the body's extreme response to an infection, causing your organs to shut down one by one and can be deadly.

Those at highest risk for sepsis are:

- Children less than one year old
- Elderly greater than 60 years old
- Those with chronic conditions or weak immune systems

WAYS TO PREVENT SEPSIS



1. Prevent infection and get vaccinated
2. Wash your hands often and keep cuts clean
3. Know the signs of sepsis
4. **Act fast** if you have an infection that is not getting better or is getting worse

TIME MATTERS

It's a race against the clock!



Sepsis is treatable with antibiotics but the more time you spend without the antibiotics, the less time you have to fight for your life.

Get medical care immediately and ask your health care provider "Could my infection be leading to sepsis?"

LIFE AFTER SEPSIS

More patients are surviving sepsis but many suffer from new problems:

- Memory loss
- Anxiety or depression
- Weakness and difficulty with routine tasks
- Difficulty sleeping
- Recurrent infection
- Medical setbacks from chronic conditions of the heart, lung, or kidney

HOW CAN I HELP MYSELF RECOVER?



- Set small goals for yourself—like bathing
- Rest to rebuild your strength
- Eat a balanced diet
- Exercise as you feel up to it—like walking
- Surveillance helps
 - Watch for signs of new or repeat infection
 - Take your temperature twice a day

LEARN MORE

www.cdc.gov/sepsis

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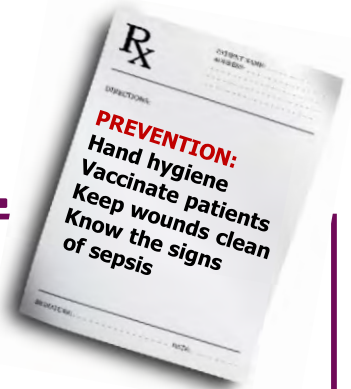
SEPSIS IS A MEDICAL EMERGENCY!

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SEPSIS FACT SHEET

Health Care Providers



Patients with a sepsis diagnosis are at higher risk for:

Exacerbation of chronic diseases
Immunosuppression
Recurrent infections
Cognitive impairments
Anxiety and depression
Physical disability
Early mortality

Say "SEPSIS"

Call it what it is so more patients survive

ENHANCING SEPSIS SURVIVORSHIP

- ✓ Timely and effective sepsis treatment
- ✓ Early mobility in hospital
- ✓ Screen for physical and mental impairment at discharge, and at first outpatient visit
- ✓ Review medications and dosages at discharge—involve pharmacy
- ✓ Vaccinate patients
- ✓ Educate patients about sepsis diagnosis, recovery expectations and post-sepsis syndrome
- ✓ Promote functional recovery—refer to rehab
- ✓ Keep it simple at discharge
- ✓ Refer patients to support groups
- ✓ Schedule early (<7 day) follow-up visit after discharge
- ✓ Complete discharge summary within 48 hours so available to primary care provider
 - Document sepsis, source, and antibiotics
- ✓ Prescribe home health services if patient is unable to manage medications at home
- ✓ Encourage self-monitoring for signs of infection
- ✓ Listen to your patient
- ✓ Discuss goals of care with patient
 - Consider palliative focus for patients with declining health prior to sepsis

SEPSIS AND BEHAVIORAL HEALTH

Of Pennsylvanians discharged with one of the following diagnoses—heart failure, sepsis, pneumonia, COPD, stroke, or ESRD—sepsis patients had the highest volume of behavioral health comorbidities. Anxiety and depression were identified most frequently.

Primary care sites and providers should plan to manage behavioral health comorbidities, at least for an interim, until patients that require a higher level of care can secure a provider.

FOCUS ON POTENTIALLY PREVENTABLE CONDITIONS AFTER DISCHARGE

- Infection
- Congestive heart failure
- Acute renal failure
- COPD exacerbations
- Aspiration



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SEPSIS FACT SHEET

Acute Care Nursing Staff



Use **SBAR** *Situation-background-assessment-recommendation* method of communication for clinical report to physicians

Use **Teach Back** for sepsis discharge instruction—use video/visual resources

Say **“SEPSIS”** Call it what it is so more patients survive

SIGNS OF SEPSIS*

Shivering
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ENSURING A SUCCESSFUL DISCHARGE

- Provide self-monitoring tool for home
 - ✓ Review symptom inventory
 - ✓ Take body temperature
 - ✓ Review who to call and where to go for help
- Provide an action plan
 - ✓ Include number a patient should call
 - ✓ Identify where a patient should go for help
 - ✓ For severe symptoms, call 911
- Prior to discharge, schedule follow-up appointment (within 7 days of discharge)
- Discuss nutrition & hydration—give examples
- Call discharged sepsis patients within 48 hours to confirm:
 - ✓ Patient has medication/antibiotics
 - ✓ Patient has follow-up appointment
 - ✓ Home service has visited, if applicable
 - ✓ If there are changes in health or mood



ENHANCING SEPSIS SURVIVORSHIP

Sepsis survivors are at risk for cognitive, functional, and medical disabilities

- Encourage early mobility in hospital
- Ensure medication and dosage reconciliation at time of discharge
- Educate patient and family about signs of sepsis, expectations for recovery and post-sepsis syndrome
- Listen to the patient

EMPHASIZE INFECTION PREVENTION

- Hand hygiene
- Wound care
- Vaccinations for flu, pneumonia, others
- Take medications as prescribed



MORE INFORMATION

www.cdc.gov/sepsis

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SEPSIS FACT SHEET

Home Care Staff



STOP SEPSIS!



KNOW THE SIGNS OF SEPSIS + ACT FAST

SIGNS OF SEPSIS*

Shivering

Extreme pain

Pale skin

Sleepiness

'I feel like I might die'

Shortness of breath

SEPSIS SURVIVORS ARE AT RISK

- Cognitive impairment—Forgetfulness/concentration
- Anxiety and depression
- Health deterioration
- Chronic disease management
- Immunosuppression
- **Readmission within 30 days often with another infection**
- Decreased quality of life
- Early mortality



ASSESS THE SEPSIS SURVIVOR

- Watch for changes in mood
- Discuss good nutrition—give examples
- Discuss hydration—encourage water
- Monitor if medications are being taken as prescribed
- Watch for changes in open skin areas
- Observe for functional, cognitive or medical decline
- Listen to the patient



PATIENT KNOWS ACTION PLAN

- Call 911 or xxx-xxx-xxxx
- Go to an emergency department or urgent care site

EMPHASIZE INFECTION PREVENTION

- Hand hygiene
- Wound care
- Vaccinations



MORE INFORMATION

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PATIENT DISCHARGE CHECKLIST FOR STAFF DISCHARGING A SEPSIS PATIENT



Acute Care Hospital → Home or Post-Acute Care Facility

DISCHARGE CHECKLIST



- Admission date and diagnosis
- LOS and discharge diagnosis
- Days in ICU, if applicable
- Dates & types of surgery
- Line in place at discharge & location
- Foley in place at discharge & why
- Wounds—dressing type
- Antibiotic and discontinue date
- Special instructions

Provide Sepsis Fact Sheets:

- Patient and Family Education
 - Patient Post-Discharge monitoring
 - Patient Post-Discharge Action Plan
 - Refer to Hand-Off Communication tool for staff
-
- Discharge summary faxed
 - Medications and dosages updated
 - Lab work needed

Follow-up appointments scheduled:

- Referral for home care agency
- Outpatient rehabilitation
- Support group meeting information
- Durable medical equipment order

Patient knows action plan for help:

- Who to call _____
- Where to go _____

MORE INFORMATION

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