



## 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**

**Call: \_\_\_\_\_**



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)



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

### Note to clinicians:

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

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!**

**LEARN MORE:** [www.cdc.gov/sepsis](http://www.cdc.gov/sepsis)  
\*Sepsis Alliance at [www.sepsis.org](http://www.sepsis.org)

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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

### 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



### It's About TIME\*

**Temperature – higher or lower than normal**

**Infection – may have signs or symptoms**

**Mental decline – confused, sleepy, difficult to arouse**

**Extremely ill – severe pain, shortness of breath**

### 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



### MORE INFORMATION

[www.cdc.gov/sepsis](http://www.cdc.gov/sepsis)

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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

[www.cdc.gov/sepsis](http://www.cdc.gov/sepsis)

\*RWJ.org

## 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

## SIGNS OF SEPSIS\*

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

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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](http://www.cdc.gov/sepsis)

\*RWJ.org



## SEPSIS IS A MEDICAL EMERGENCY!

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## HAP

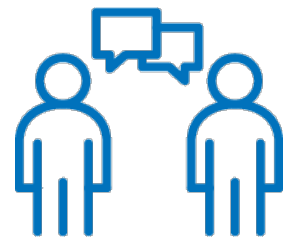
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# SEPSIS FACT SHEET

## 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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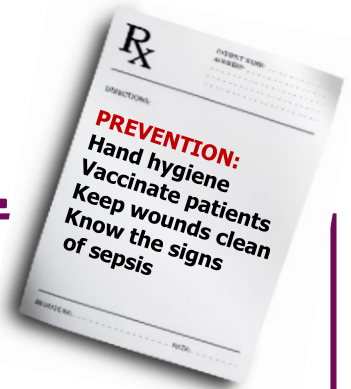


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# SEPSIS FACT SHEET

## 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

### 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

### 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



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# SEPSIS FACT SHEET

## Post-Acute Care Facilities



### THE SIGNS OF SEPSIS\*

**S**hivering **E**xtrême pain **P**ale skin **S**leepy **"I feel like I might die"** **S**hort 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



**SBAR:**  
Situation  
Background  
Assessment  
Report

\*RWJ.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

## 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

[www.cdc.gov/sepsis](http://www.cdc.gov/sepsis)

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## **Guidelines: How to use the Sepsis Fact Sheets**

### **Patient Post-Discharge**

#### **Purpose for this Fact Sheet**

This fact sheet should be provided to sepsis survivors at discharge for self-monitoring for signs and symptoms of sepsis after discharge. Active daily surveillance of symptoms will prompt action to possibly prevent re-hospitalization.

#### **How to use this Fact Sheet**

Provide this fact sheet in addition to *Post-Discharge Action Plan* for patients experiencing concerning signs of Symptoms to patients at discharge. This provides patients with a self-monitoring tool as well as information for an escalating action plan when a problem is identified post-discharge.

Explicit instructions for sepsis survivors are needed after discharge for self-management and surveillance to identify a troubling sign or symptom.

### **Patient Post-Discharge Action Plan**

#### **Purpose for this Fact Sheet**

This fact sheet should be provided to sepsis survivors at discharge in the event the patient develops the 'concerning signs of symptoms' requiring immediate action.

#### **How to use this Fact Sheet**

Provide this fact sheet in addition to *Patient Post-Discharge* to patients at discharge. After discussing self-monitoring with the patient, provide this completed Fact Sheet with specific action information for patient to seek medical evaluation.

Explicit instructions for sepsis survivors are needed after discharge for self-management and direction on where to seek immediate help when a troubling sign or symptom occurs.

### **Acute Care Nursing Staff**

#### **Purpose for this Fact Sheet**

This fact sheet may be distributed to existing and newly hired nursing staff as an educational tool.

#### **How to use this Fact Sheet**

Provide to nurses within new orientation, annual competency educational sessions and on internal communication nursing share point sites, bulletin boards, etc.



## **Guidelines: How to use the sepsis fact sheets**

Page 2

### **Lessons learned from hospitals' use of this tool in year one**

Use of this fact sheet *"Requires staff education and buy-in prior to use, important to use same Fact Sheet for inpatient and outpatient environments."* ~Jefferson Hospital-Allegheny Health Network

## **Patient Discharge Checklist-For Staff discharging a sepsis patient**

### **Purpose for this Fact Sheet**

Sepsis survivors are at risk for exacerbation of comorbidities and rehospitalization. Completing this discharge checklist will help to ensure a successful discharge.

### **How to use this Fact Sheet**

To be used as a guide for discharge planners or possibly to incorporate into hospital electronic health record

## **Patient and Family Education**

### **Purpose for this Fact Sheet**

Awareness of signs and symptoms of sepsis for patients and families.

### **How to use this Fact Sheet**

Provide this fact sheet to educate sepsis patients and families during hospitalization and/or at discharge regarding their diagnosis.

## **Hand-Off Communication-Acute Care Hospital to Post-Acute Care Facility**

### **Purpose for this Fact Sheet**

This fact sheet highlights the importance of saying "sepsis" in the discharge summary and in person-to-person communication regarding a sepsis survivor to the next care provider.

### **How to use this Fact Sheet**

Provide to discharge planners, primary care providers, post-acute facilities.

## **Health Care Providers**

### **Purpose for this Fact Sheet**

Highlights the importance of saying "sepsis" and educating the patient and family about their diagnosis. The provider may then focus on conditions and behavioral health comorbidities that most commonly effect sepsis survivors.



## **Guidelines: How to use the sepsis fact sheets**

Page 3

### **How to use this Fact Sheet**

Say "sepsis" – call it what it is so more patients, families, and providers understand sepsis survivorship. Educate providers about the needs of a sepsis survivor. Providers need to educate patients and families on sepsis diagnosis.

## **Post-Acute Care Facilities**

### **Purpose for this Fact Sheet**

Acute care hospitals are encouraged to partner with post-acute facilities that they share patients with to educate about early sepsis recognition, effective communication, and treating while awaiting transfer back to hospital (if needed).

### **How to use this Fact Sheet**

- Contact facility for sharing of information
- Offer to speak at one of their staff meetings
- Ask them to share information with care teams
- Share internal data your hospital may have about patients returning from this post-acute facility to the hospital

## **Home Care Staff**

### **Purpose for this Fact Sheet**

Educate home care staff and agency personnel about sepsis.

### **How to use this Fact Sheet**

Provide this fact sheet to home care staff and agencies.

- Contact agencies for sharing of information
- Offer to speak at one of the agency staff meetings
- Share internal information your hospital may have about patients returning from home when this home care agency was involved in care