Severe sepsis and septic shock
Care of the resident

OUTCOME
Severe sepsis and septic shock
Care of the resident

Severe sepsis, a rapid onset of organ dysfunction caused by an overwhelming immune response to infection, is a deadly threat to residents. MHA coordinated Seeing Sepsis, a program to decrease the incidence of sepsis. Currently, the national mortality rate is 16%. If this was reduced 10% to 20%, 28,692 to 114,776 lives would be saved. This is for all patients, not just long term care.

Long Term Care
Early Sepsis Identification
Saves Lives

ACT FAST!
Early detection of SEPSIS requires fast action

If resident has suspected infection AND two or more:
• Temperature >100°F or <96.8°F
• Pulse >100
• SBP <100 mmHg or >40 mmHg from baseline
• Respiratory rate >20/minute
• Altered mental status

Plan for:
• Review advance directives
• Contact the physician
• Contact the family

If transferring resident to hospital:
• Prepare transfer sheet
• Call ambulance
• Call in report to hospital
• Report-positive sepsis screen

If resident stays in facility, consider options below that are in agreement with resident’s advance directive:
• Labs: CBC, WBC, lactate level if labs
• U&Es, blood cultures, no ability to 2 sites, not from lines
• Consider IV access for 1-2 hrs @ 20ml/kg
• Administer fev. PO or IM antibiotics
• Monitor for worsening in spite of treatment, such as:
  • U&O output >400ml in 24 hours
  • SBP <90 despite IV fluids
  • Altered mental status
• Consider
  • Pain control
  • Analgesics for fever
  • Reposition every 2-4 hrs
  • Oral care every 2 hrs
  • Monitoring for worsening of vital signs, self-care and mobility, in light of resident’s advance directives
  • Notify the Registered Nurse
  • Notify the Physician

If Advance Directives and/or resident’s wishes are in agreement:
• Report positive sepsis screen
• Identify Advance Directive Wishes
• Notify the Registered Nurse
• Notify the Physician

If resident’s temperature above 100? Is their heart rate above 100?
Is their blood pressure below 100?
And does the resident just not look right? Tell the nurse, screen for sepsis and notify the physician immediately.

Severe sepsis and septic shock
Care of the resident

Outcome
Diagnosis distinctions
Symptom identification
Advanced directives
Intubation/ventilator support
Sepsis triggers

Outcomes
• LifeLink 100, 100, 100 to staff success
• Early warning signs: shortness of breath, cool skin, and labored breathing
• Early warning signs to staff success

Diagnosis distinctions
• Suspected infection AND two or more criteria

Symptom identification
• Fever/chills
• Suspected infection
• Respiratory = cough, shortness of breath, increase in sputum
• Urinary Tract = frequency, urgency, burning on urination, or pain
• Skin = draining wound, redness, swelling, and warm to touch

Advanced directives
• Linear Demand Wishes
• No treatment
• Term care
• Advance Care Planning

Intubation/ventilator support
• Obtain Cultures to start Surviving Sepsis Campaign’s 3
• Blood cultures if able; from 2 sites, not from lines
• Take chest X-ray

Sepsis triggers
• Transfer Trigger
• Resident needs to be transferred to hospital
• Progression of symptoms

PROCESS
Sepsis Recognition and Management

Reducing Sepsis in Acute Care

Intermediate care and assisted living algorithm for adults

Early detection of SEPSIS saves lives.

Every hour a resident in septic shock doesn’t receive antibiotics, the risk of death increases 7.6% Call the doctor!

Suspected infection and 2 or more SIRS criteria

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Skilled nursing facility sepsis algorithm for adults

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