

Early Sepsis Identification at the Point of Triage

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ICU Clinician

Billings Clinic



- Community-owned health care organization
- 272 bed hospital
- Magnet Designation

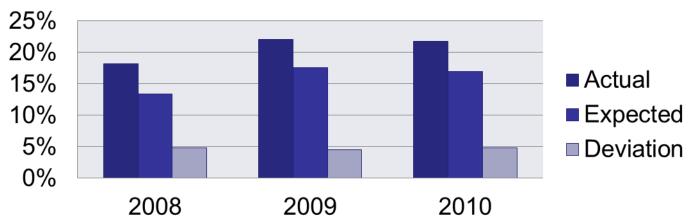
Purpose

- Sepsis is the 10th leading cause of death in the United States
- Patient's admitted with septic shock have 46% mortality rate
- Mortality increases with delay in treatment



What our data showed





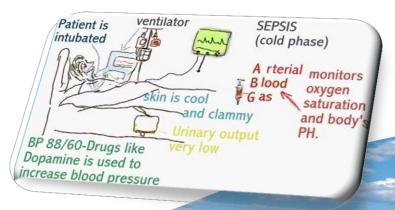
- Our actual mortality exceeded our expected mortality
- Something had to be done!

Goal

- Improve mortality
 - Early identification
 - Patient placement for treatment

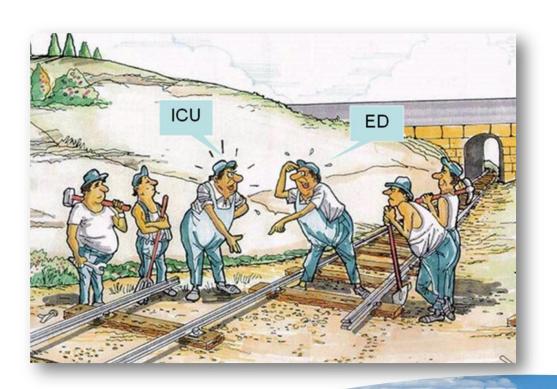
Up to 3 patients per month were transferred to ICU within hours of admission to the hospital with

Sepsis



Multidisciplinary Team

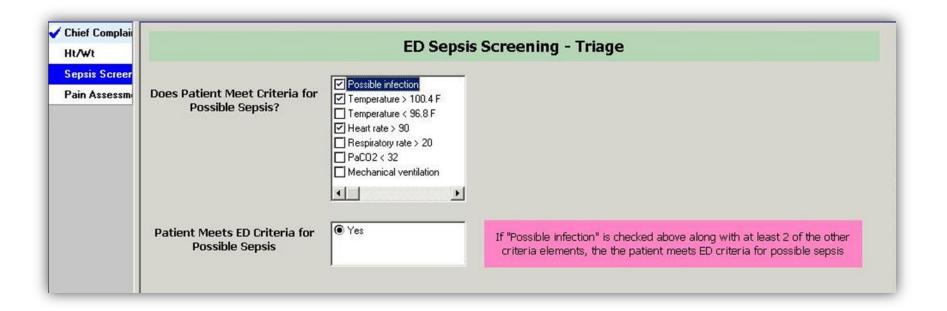
- ICU
- ED
- Pharmacy
- Med-Surg
- Informatics

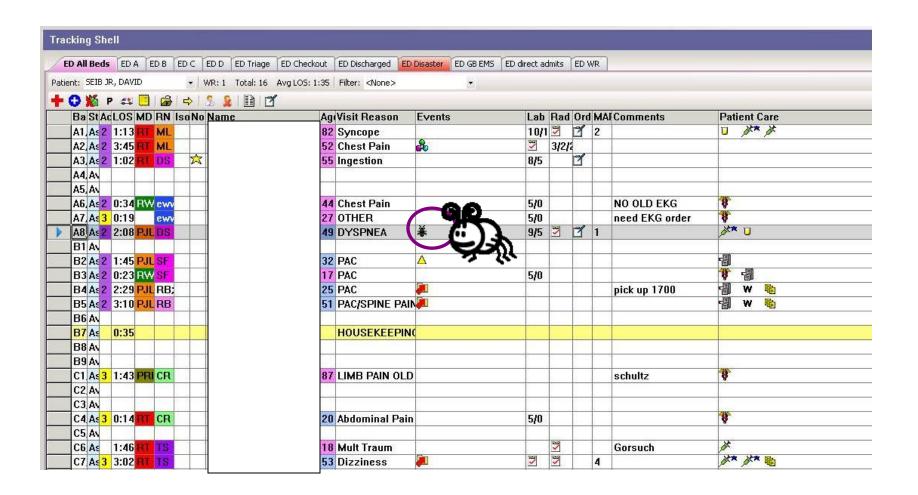


Process

- ED triage
- Computerized cue
- Standard order sets
- Guidelines for patient placement
- Nursing and medical staff education

ED initial triage and screening





ED Identifier

ED 2nd Screening

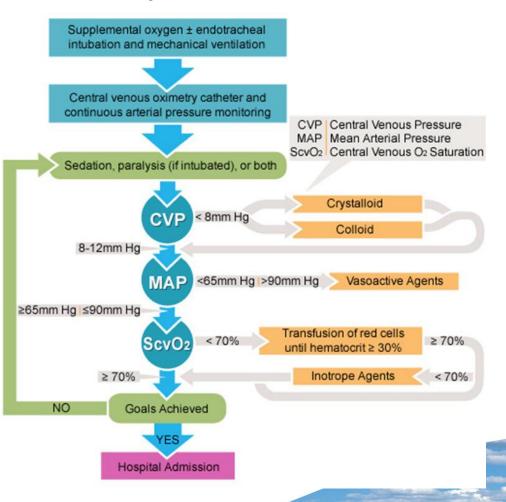
| | 09/12/2011 | | | | | |
|-----------------------------|--|----------------|---------|-----------|---------------------------|----------------|
| | 14:55 | 14:49 | 14:43 | 14:41 | 13:05 | 12:49 |
| Sepsis Screening | | | | | 4- | - No. (1997) |
| Screen Criteria for Possibl | Screen Criteria for Possible Sepsis | | | | < | Possible infec |
| Screen For Sepsis | ✓ Possible infection | | | | 100 | Yes |
| Pain | ✓ Temperature > 100.4 F | | | | | Assum. |
| - Pain | ☐ Temperature < 96.8 F | | | | | |
| No complaint of pain | No complaint of pain ✓ Heart rate > 90 | | | | | |
| Pain Scale Used | Respiratory rate > 20 | | | | | |
| Pain Location | ☐ PaCO2 < 32 | | | | | Other: pelvis |
| Pain Intensity/Score | ☐ Mechanic | al ventilation | | | | |
| Pain Interventions | ☐ BP MAP < | 65 | | | | |
| Pain Quality | SBP drop | of 40 from b | aseline | | | |
| Pain History/Comments | New mental status change | | | | ain to left | |
| - Additional Pain | ☐ WBC > 12 | ,000 | | | - District Section Prints | |
| HEENT | ☐ WBC < 4,0 | 000 | | | | |
| Eye, Right Visual Acuity | ☐WBC diff showing > 10% immature neutrophils | | | | | |
| Eye, Right w/Correction V | ☐ Other | 761 | | 70%. T | | |
| Eye, Left Visual Acuity | | | | | | |
| Eye, Left w/Correction Vis | | | | | | |

Admit to ICU

- Suspected Sepsis
- Lactate >3
- Greater than 2 organ failure



Early Treatment



Med-Surg Education



Early Identification

×Vital Signs

- · Blood Pressure
 - o Drop of 40 from baseline
- MAP
- Less than 65
- HR, Pulse
- o Greater than 90
- RR
- o Increased greater than 20
- Temperature
 - o Greater than 100.4 F
 - Less than 96.8 F
- *Change in 2 or more systems
 - · LOC, mentation
 - · Increased RR, work of breathing
 - · Urine output

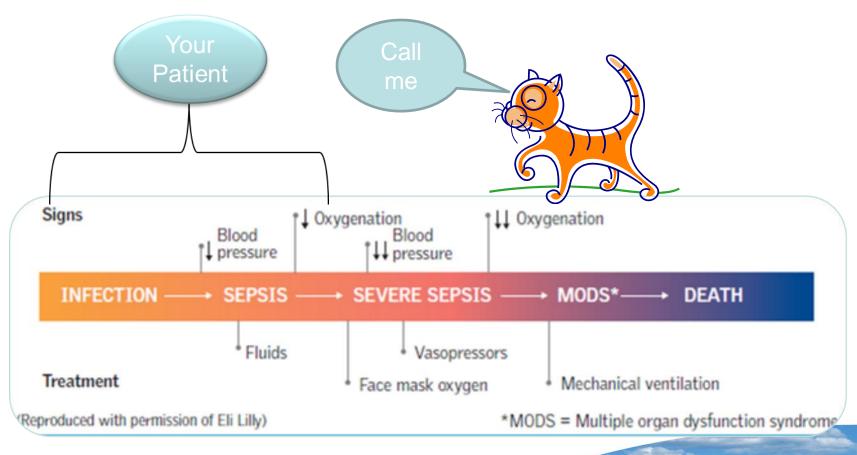
craps

- WBC—identify signs of infection
 - o Greater than 12,000
 - o Less than 4,000
- Lactate—indicates perfusion
- · Cultures-identify source of infection

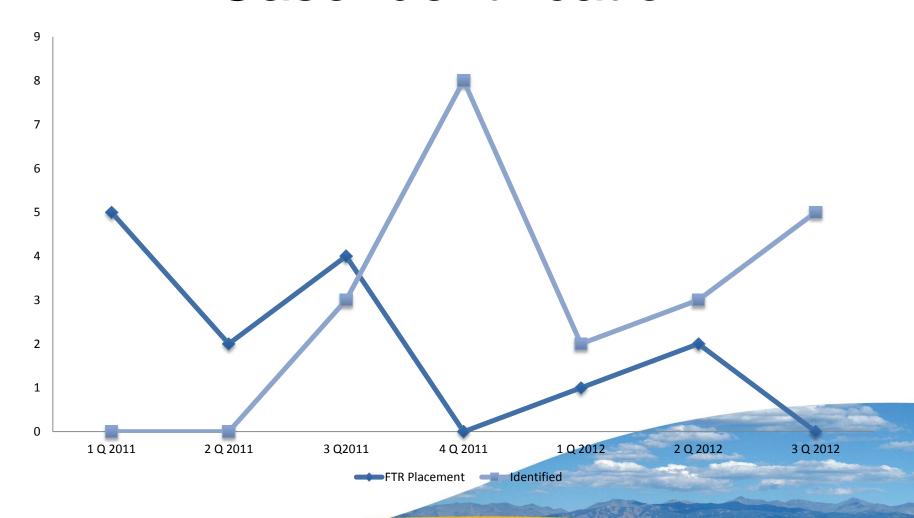
- Mandatory Classes
- Sepsis Case Studies
- Failure to recognize individual case reviews

April 2012. Sharry Harbert, and Pam Zinnecke

Med-Surg Involvement



Patient Placement and Case Identification



Latest Outcomes

