

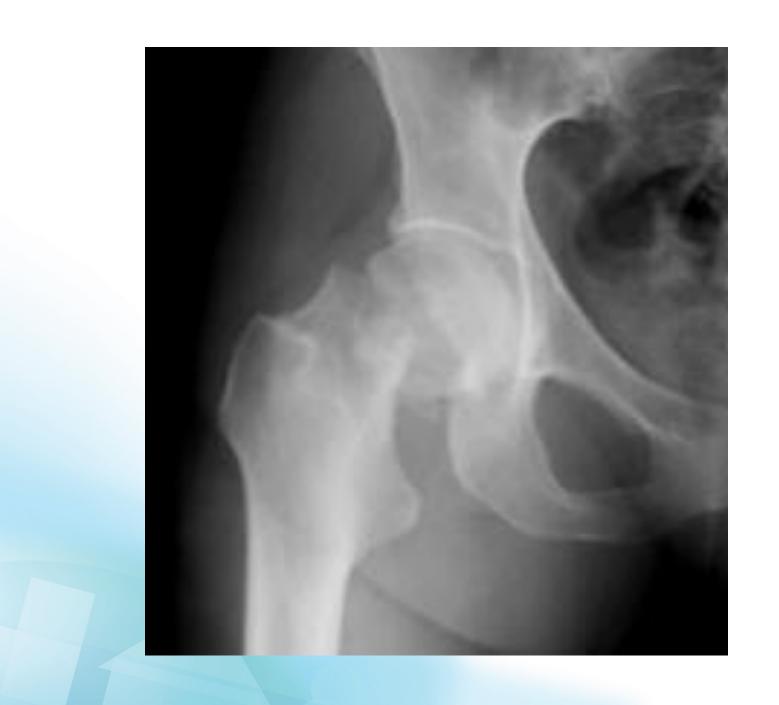
Sepsis update Dr Eliot Sykes





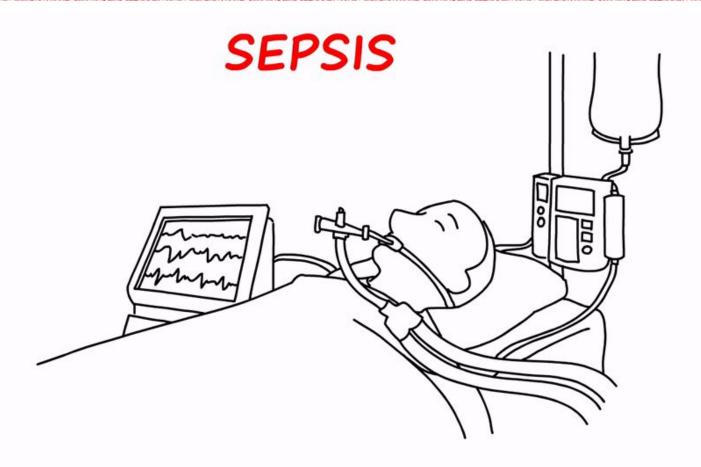






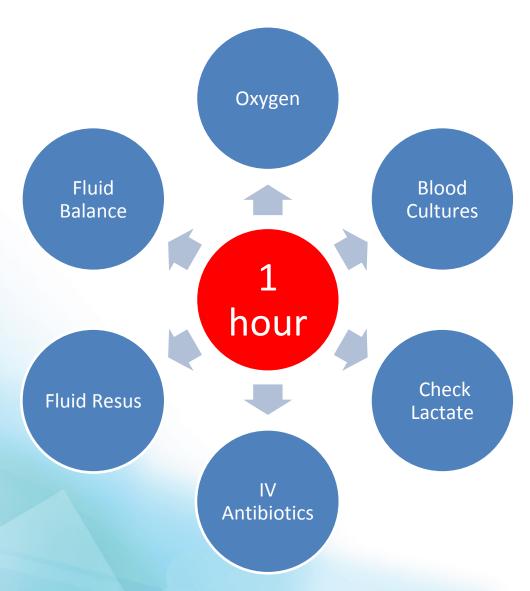


Sepsis should be defined as life—threatening organ dysfunction due to a dysregulated host response to infection



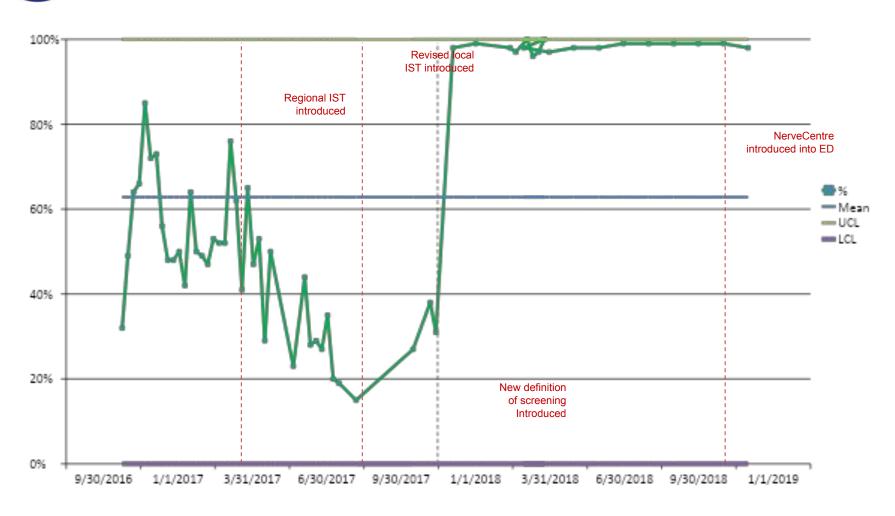


Sepsis Six



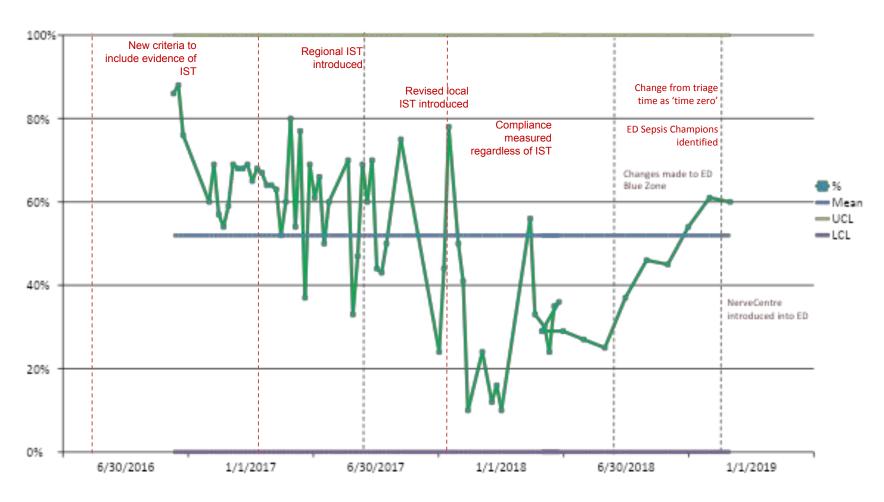


THINK INFECTION SPOT SEPSIS SCREENING



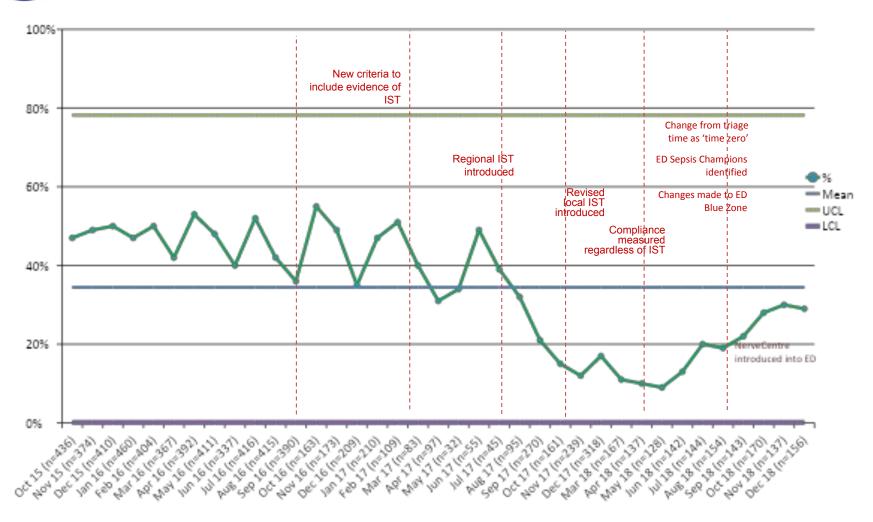


Antibiotics in 1 hour





Bundle Compliance within 1 hour



Sepsis objectives 2019/20



- Sepsis champions established in all relevant clinical areas
 - Clearly articulated role with expectations set in terms of outputs and responsibilities
- Integrated rolling programme of deteriorating patient training programme with a target % of staff trained
- Sepsis screening maintained at >95%
- IV antibiotics in 1 hour >80%
- Sepsis 6 compliance >80% by year end
 - Target 10% increase in performance per quarter based on current performance
- Improved comms and engagement narrative based on patient stories
- A robust project reporting structure based on KPIs and key milestones (A3)
- A wider project that incorporates community and primary carea caring including key milestones for delivery



building

Deteriorating patients

Clinical conditions

Community

Training and education

Electronic Solutions

Audit and Data

Learning from events

Improvement projects

Sepsis

AKI

Cardiac arrest

Care homes

Primary Care

(NEAS)

Mandatory DPET

In situ simulation

Dash

Guideline changes eg NEWS2/ oxygen **ICE**

NC

Clinical Rules

Bundles

NEWS audit

Sepsis outputs

AKI outputs

Cardiac arrests

TEP

Datix

Safety panel

Timing of obs

Low level escalation frequency

- Improve deteriorating patient education and training
- Introduce NEWS2 in the community setting for common language
- Reduce numbers of cardiac arrests across all sites
- Improve bundle compliance for sepsis and AKI
- Reduce mortality for sepsis and AKI
- Improve TEP compliance
- Improve recognition of deterioration or lack of clinical improvement



Metrics

Proposed Measure	Target
Compliance with sepsis screening	>95% threshold maintained
IV antibiotics prescribed and administered within 1 hour for those patients with suspicious of sepsis	>85%
Compliance with delivery of the sepsis 6 bundle	>80% threshold by March 2020 (month on month increase by 10%)
Improved compliance with AKI bundle	Sustained improvement on baseline measure
Improved 30 day AKI outcome measures in respect of kidney function and mortality	Baseline and scope to be established







Collaborative events / awareness raising



Dorathy's story



Are you worried your patient is sick

1. Are any of these signs present?

- Feeling very hot or very cold and shivering
- Rapid breathing or feeling out of breath
- Having a very fast heart beat
- Feeling confused, feeling sick or vomiting, fainting or collapsing
- · Unable to pass urine

CONSIDER **COULD THIS** BE SEPSIS?

2. Check Patients History:

- · Are there signs of infection? E.g. UTI, Cellulitis, Wound Breakdown
- Any NEW abdominal/chest/neck/joint or bone pain?
- · Acute confusion or delirium?

3. Perform a full set of observations:

Are any of the following present:

- Temperature >38.3°C OR <36°C
- Respiratory rate >20 OR dyspnoeic with no known respiratory history
- Systolic BP <90 mmHg (or >40 mmHg below normal)
- Heart Rate >90bpm OR new dysrhythmia
- SpO2 <92% (<88% in COPD)
- Non-blanching rash
- Not passed urine for over 12hrs
- Is the patient tired, depressed, acutely confused or unresponsive?

Escalation Plan – refer to Special Notes on reverse

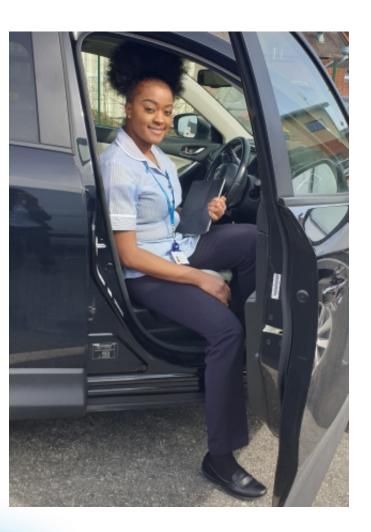
NEWS >5 - requires URGENT assessment by a clinician (GP, Community Matron, Nurse Practitioner)

NEWS >5 plus any Level 3 component (refer to Special Notes) inform clinician, consider emergency admission to hospital -Communicate SEPSIS Suspected

DNAR or Emergency Healthcare Plan = liaise with clinician and agree actions

NEWS >7 - ring 999 for hospital admission - Communicate SEPSIS Suspected

Community Nursing Sepsis Screening and Action Too







Any questions?











Thank you







