

Background & Significance

PROTECT YOUR	GET AHEAD
PATIENTS FROM SEPS	
	KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.
Infections put your patients at risk for sepsis. Your fa your patients' chances of survival.	est recognition and treatment can increase
Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.	
	nfection, and almost any infection, can lead to sepsis. In a typical year:
At least Nearly At least Nearly 1.7 MILLION 270,000 adults in America Americans die as a result of sepsis.	3 PATIENTS dies in a hospital has sepsis.
WHAT CAUSES SEPSIS?	
Bacterial infections cause most cases of sepsis. Sepsis can also be a result of other infections, including viral infections, such as COVID-19 or influenza. The most frequently identified pathogens that cause infections that can develop into sepsis include <i>Staphylococcus aureus</i> (staph), <i>Escherichia coli</i> (E. coli), and some types of <i>Streptococcus</i> . SARS-CoV-2, the virus that causes COVID-19, can have a similar presentation and a similar clinical course to some forms of sepsis. Many patients who require hospitalization for COVID-19 meet the definition of sepsis, such as those who require assistance with breathing.	
Infections that le	ead to sepsis most often start in the:
Lung	Urinary tract Skin Gastrointestinal
WHO IS AT RISK? Some people are at higher risk for sepsis:	
655+Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemAdults 65 or olderPeople with weakened immune systemsPeople with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease	People with recent severe illness or hospitalizationSepsis SurvivorsChildren younger than one
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Objectives

- Development of an evidence-based sepsis clinical pathway
- Implementation of a sepsis clinical pathway to improve early recognition and treatment of sepsis in a long-term care facility, and
- Evaluation of the sepsis clinical pathway through user feedback, utilization, and effectiveness.

Methodology

- Method- development, implementation, and evaluation of a clinical pathway to improve sepsis' early recognition and treatment in a long-term care facility
- Population- 46 long-term care patients and 50 nurses
- Setting-long-term care facility located in central, NJ

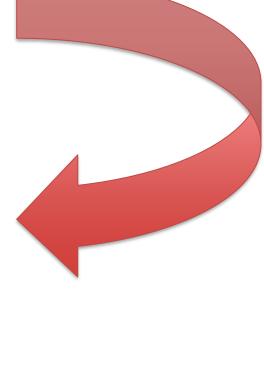
A clinical pathway for Early Identification and Management of Sepsis

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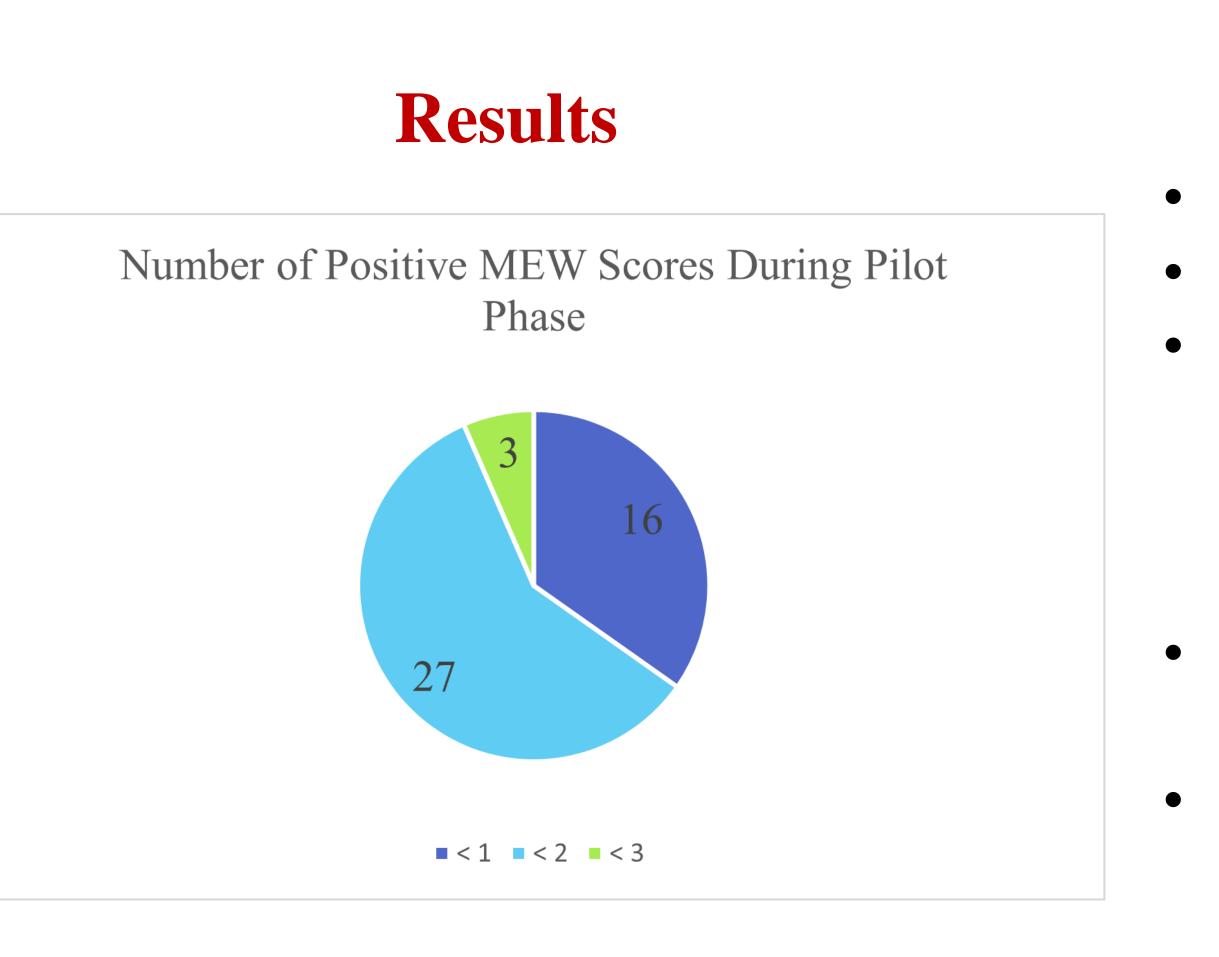
- Development phase consisted of building the sepsis clinical pathway using the MEWS scale, a sepsis screening checklist and sepsis flowchart.
- Implementation was a six-week pilot phase including education on the pathophysiology of sepsis and how to use the sepsis screening tool. Followed by the utilization of the sepsis screening tool.
- Evaluation of the program's effectiveness was an anonymous web-based survey to gather information on the overall perception of the program's effectiveness.
- Outcomes were measured by conducting prospective chart reviews to measure staff nurse's adherence and appropriate use of the sepsis clinical pathway.

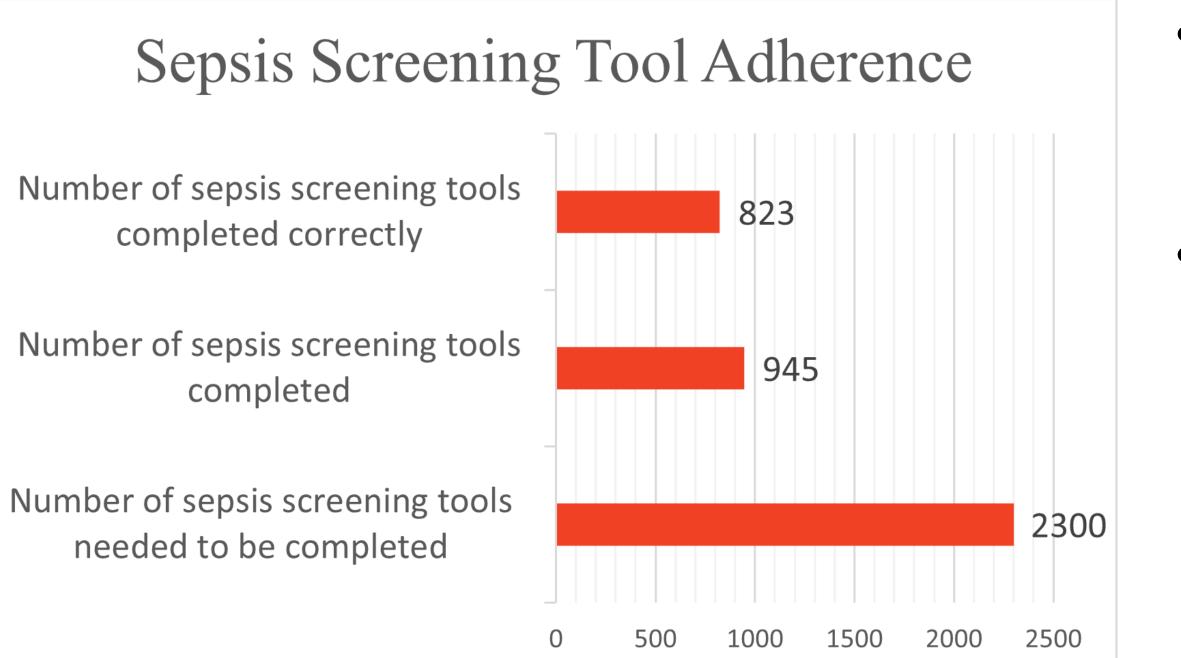
View Sepsis Screening Checklist Here





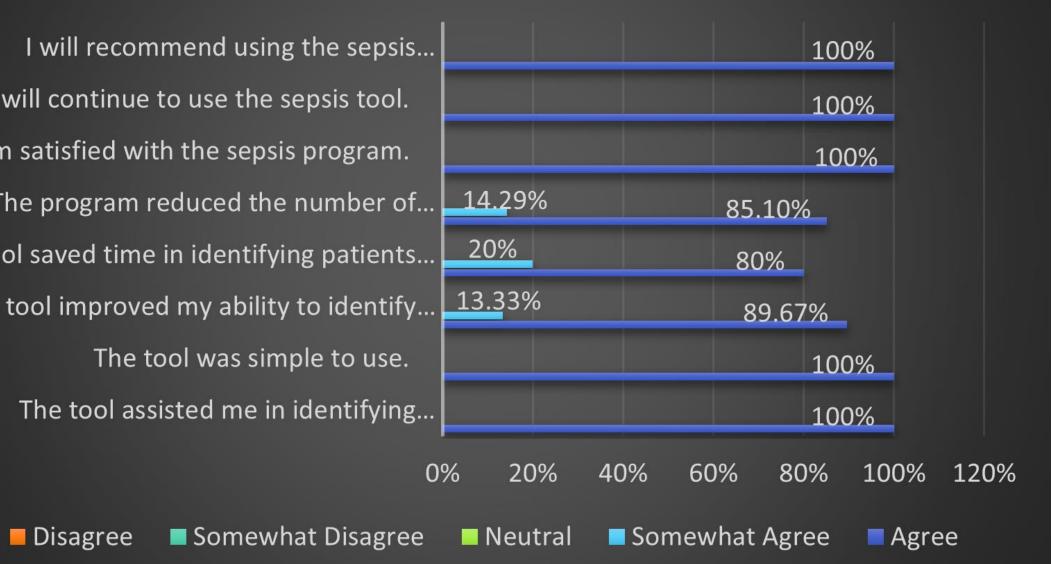
Quaseria Moss, BSN, RN, CCRN





Routine use of the sepsis clinical pathway in a long-term care setting can serve as the first step in addressing missed diagnosis of sepsis and initiate prompt interventions which will improve patient outcomes and decrease mortality.

Evaluation Responses



I will recommend using the sepsis.. I will continue to use the sepsis tool. I am satisfied with the sepsis program. The program reduced the number of... 14.29% The tool saved time in identifying patients... 20% The tool improved my ability to identify... 13.33% The tool was simple to use. The tool assisted me in identifying.

Limitations

Small sample size Low adherence Time constraints

Implications

Economic:

• Implementing is of no cost to the facility • Reduce healthcare costs by increasing early identification and treatment of sepsis Quality and Safety: • Improved patient care through early identification and treatment of seps1s • Decrease in mortality and improvement in overall patient outcomes.

Conclusion

