

Sepsis Train the Trainer Manual

Module G: When and How to Transfer to Acute Care

SLIDE 2—PREVENTING SEPSIS

- Sepsis prevention starts with infection prevention.
- Vaccinations are important. Especially pneumonia vaccines.
- But the things you are already doing to prevent infection are important to maintain.

SLIDE 3—PPE

- This includes providing the appropriate PPE and ensuring that staff are using them appropriately.

SLIDE 4—WORLD HEALTH ORGANIZATION VIDEO

Watch WHO Video (~ 3 minutes). Access video here

<https://www.youtube.com/watch?v=GKRQm0i5JdI>

SCRIPT

- Sepsis is not only a problem here in the US, but it is a problem worldwide.

SLIDE 5—TRANSITION SLIDE EARLY RECOGNITION OF SEPSIS IN LONG TERM CARE

SLIDE 6—TRANSITION SLIDE SIGNS AND SYMPTOMS

SLIDE 7—RECOGNITION OF SEPSIS: Here are some of the common signs that tell us someone may be developing or may have sepsis.

- A resident may show a change in their cognition, awareness or consciousness.
- A fall may precede sepsis.
- The patient may report feeling suddenly worse.
- Their heart rate may increase.
- Blood pressure may be low or drop suddenly.
- They may show respiratory symptoms such as an increase in rate or a cough or trouble breathing.

SLIDE 8—FACTORS COMPLICATING RECOGNITION OF SEPSIS

- Unfortunately, many of the residents with infection who we may be assessing for sepsis have other conditions that may complicate the picture and resemble sepsis.
- For example, patients who have baseline cognitive deficits are going to be difficult to assess for changes in cognition.

- Some conditions like asthma or COPD may cause a person to have an increased respiratory rate even if no infection is present.
- Many are taking medications for heart conditions or psychological disorders which can lower the blood pressure.
- Some heart medications cause a rapid heart rate.

SLIDE 9—GRAPHIC-WITHOUT PROMPT TREATMENT SEPSIS CAN LEAD TO ORGAN FAILURE AND DEATH

SLIDE 10—GRAPHIC ON INTERACT CARE GUIDANCE ON INFECTIONS

SLIDE 11—GRAPHIC ON STOP AND WATCH

SLIDES 10—GRAPHIC IN INTERACT CARE GUIDANCE ON INFECTION

SLIDE 16—IF TRANSFER TO AN ACUTE CARE FACILITY IS NEEDED

SLIDE 17—ACUTE CARE TRANSFER LOG

- This log is intended to be a tracking tool for acute care transfers.
- It allows you to track transfers using a unique identifier for the residents, the time, date and reason for transfer and the outcome of the transfer (patient in ER or admitted).

- Filling out this log requires collecting information on the resident after they leave your facility.
- This will yield valuable information about how your facility is doing as you strive to improve outcomes for septic patients.

SLIDE 18—INTERACT TOOL FOR ACUTE MENTAL STATUS CHANGE

- Contains an algorithm that enables care staff and clinicians to determine if the resident's sepsis is serious enough to;
 - warrant transfer out of the facility
 - or managed within the long-term care setting.
- This tool also includes a comprehensive list of tests that should be ordered to determine sepsis.

Access the tool here https://pathway-interact.com/wp-content/uploads/2018/09/INTERACT-Care_Path_MENTAL_STATUS_CHANGE_v4.0-June-2018.pdf

SLIDE 19—INTERACT TOOL FOR ACUTE CARE TRANSFER TOOL

- This tool helps to facilitate better information sharing and communication about the resident to hospital staff to help facilitate a more efficient transfer that is less disruptive to the resident, thus avoiding any lapse in care.

Access the tool here https://carecompassnetwork.org/wp-content/uploads/2017/03/QI_Tool-for-Review-Acute-Care-Transf_AL.pdf

SLIDE 20—CONSIDERATIONS FOR TRANSFERRING A PATIENT TO ACUTE CARE

- It's important to determine what the patient and their family want.
- Is there a DNR?
- Has there been a discussion with family about whether transfer is appropriate for this patient?
- Alert family members that a decision to transfer is being considered.

SLIDE 21—WHEN CONSIDERING TRANSFERRING A PATIENT TO ACUTE CARE

- Ensure that a complete record of everything that occurred in your facility from the first notification of a sign or symptom of sepsis to the time of transfer.
- If labs are pending it is important that that is noted in the records and that the receiving facility knows what labs are pending and what lab to contact to receive the results.

SLIDE 22—CASE STUDY TRANSITION

SLIDE 23—CASE STUDY

- This case study was adapted from one on the AHRQ website.



- The adaptations were made to make it suitable for training in the long-term care setting.
- This resident is in long term care and has been at the facility for two years since her husband died.
- She is obese.
- She had an acute dizzy spell, and her appetite has been poor for the last couple of days.
- She is short of breath.

SLIDE 24—INITIAL ASSESSMENT

SLIDE 25—RESIDENT ASSESSED FOR INFECTION AND ORGAN DYSFUNCTION

- Because the resident is having symptoms in multiple systems e.g., CNS (dizziness); gastrointestinal (loss of appetite); respiratory (shortness of breath) she would meet the criteria for suspicion of sepsis on standard screens.
- The following labs were ordered for her:
 - Lactate
 - Blood cultures
 - UA/UC
 - Electrolytes
 - BUN

- Creatinine

SLIDE 26—SEPSIS BUNDLE ORDERS

- This facility in our fictional case study, has standing orders for residents like Deborah who trigger a sepsis screen.
- These include giving a fluid bolus over an hour.
- They also include administration of broad-spectrum antibiotics.
- The resident needs to be reassessed and vital signs need to be frequently monitored.

SLIDE 27—RESIDENT REASSESSED

- When the resident is reassessed, many vital signs have deteriorated when compared with baseline values.
- An assessment of mental status reveal confusion.

SLIDE 28—LABORATORY VALUES

- The stat labs are in.
- The lactate level is alarmingly high. A level higher than 2 triggers some sepsis screens. A level higher than 4 is an indication that transfer should be considered.
- In your small group sessions discuss this case, what suggestions you would have made.

SLIDE 29—WHAT WOULD YOU RECOMMEND

SCRIPT

Spend a few moments considering your responses to the following questions...

1. What steps should be taken to respond to this new information about Dorothy's condition?
2. What do the results of the labs and the assessment indicate?
3. What would you recommend?
4. What concerns would you have as a nursing supervisor about Deborah?
5. What steps should the CNA take to document Deborah's change in condition?
6. What tools might be used in your facility to assist with documenting the change in condition?
7. Who should be alerted and how should they be alerted to Deborah's change in condition?

SLIDE 31—WHAT HAPPENS FOLLOWING THE INITIAL SEPSIS OCCURRENCE?

SCRIPT

- Reviews of cases of sepsis reveal that more than ½ end up in the hospital again.
- 16% die.
- For those who are rehospitalized the most common cause is infection.
- That infection could be a recurrence of the infection that caused the sepsis, or it could be a new infection.
- Pneumonia is the most common site of infection.

SLIDE 32—WHAT ARE RISK FACTORS FOR REHOSPITALIZATION?

SCRIPT

- People who have long hospital stays are more likely to end up in the hospital again.
- Older patients are more likely to have a second hospitalization.
- The presence of an indwelling catheter is also associated with another hospitalization.