

Sepsis Mnemonic – Recognize Early, Act Fast

[VIDEO TRANSCRIPT]

[Music]

What is the definition sepsis? In 2016, a consensus panel got together and redefined what we know is sepsis and they changed the definition of sepsis to be a life-threatening organ dysfunction caused by dysregulation of the host response to an infection. What differentiates sepsis from other infections? Based on the work of the consensus panel who revised the definition of sepsis and based on the new sepsis guidelines that came out in 2017, they have said that what differentiates sepsis from other infections is the amount of response the host has to an infection.

[Text]

S – SOFA score – calculate it!

E – Early recognition

P – Protocols – follow them!

S – Start treatment right away

I – Improve outcomes

S – Share results

It's unfortunate that sepsis is still killing. We're still seeing a high mortality rate.

I am using the SOFA score. I'd recently read an article on SOFA and so you know sepsis has gone from the 80s, cold sepsis, hot sepsis. You know then we had SIRS and then you know it's evolved.

I think if we could teach the public more how to recognize sepsis that they wouldn't wait so long to come in because the longer they wait the higher their lactic acid levels rise and the greater chance that they'll be increased disabilities and death.

In healthcare there's always an area of improvement so I think we're doing a good job and recognizing it and teaching it to nurses so that nurses are recognizing it as well too. Just because they are our eyes and ears on the floor and they really help us out and like letting us know early if a patient's not looking right and helping us really identify sepsis. So I think we're doing a job but there's always room for improvement.

It's really important for all of us to know about sepsis. It's killing so many people, it's under-diagnosed, it's under treated.

So it is much easier retrospectively to go back through and identify when someone's becoming septic. It's identifying it in real time. It's identifying it as the patient presents or observing them over several hours, watching them deteriorate that's being missed. So a lot of lack of repeat vital signs, a lack of reassessments. I still think practitioners need to be aware of all the signs of symptoms, the protocols, of the guidelines.

Recently we just had an in-service on the new SOFA score, you know protocols and that helped bring a lot of people up to date. Some people who are under the impression that you shouldn't give IV fluids when in reality we have to give three liters of IV fluids very quickly.

So it's the delay in treatment that would be the most significant factor. So it's that time to treatment, so time to antibiotics, time to fluid resuscitation, time to pressors, time to the aggressive treatment that's going to change the progression.

We've developed an internal substance alert process so that way where nursing identifies patients that meet either severe sepsis or septic shock. They're calling this sepsis alert, we've identified that in the emergency department and we just started that process on our med surg floors.

I've always had a passion for talking about sepsis and then it came knocking on my door personally when it took away first my sister and then my brother. They both died from sepsis, so I even have that much more passion and teaching people how to take care of septic patients and to decrease mortality.

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