



# SEPSIS awareness

Home

SSM Health  
Dean Medical Group

Situation Briefing  
(SBAR)

Sepsis Awareness  
Ambulatory Setting

TIME



WITH

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**SSM HEALTH DEAN MEDICAL GROUP**

## Describe what your ministry is doing to improve sepsis care. Why is this important?

Heightening awareness regarding the role that *ambulatory care* plays with early detection of sepsis, and the importance of care for patients that experience Post-Sepsis Syndrome (PSS).

- Post-sepsis treatment can last for 6-18 months following hospitalization.
  - Long term sequela from sepsis
    - Anxiety
    - Depression
    - Muscle weakness fatigue
    - Confusion
    - Poor appetite (often requiring long term nutritional support such as tube feeding)
    - Assistance with completing basic skills for living such as bathing and dressing
- Fifty percent of patients that survive PSS are left with long term physical/psychological effects.
- Only 43% (of previously employed adult patients) that survive sepsis, return to work.

These are our patients – friends – family! This is important to us as a faith based ministry to do the best we can for all our community.

## How is this different than what the hospitals do?

The hospital focuses on the acute and often critical stage of the illness. The focus is on preventing death. The Ambulatory setting needs to focus on *early identification and preventing patients from reaching the acute phase of illness*.

Also, if a patient is admitted to a hospital, and then upon discharge, the focus needs to be on rehabilitation and mental health care. These patients often have a decline in functioning that last *months to years*. Rehabilitation and support for the patient and family needs to be part of our call to action.

## How should it be integrated with what the hospitals do?

Coordination of services is essential. Attention needs to be paid to care planning for the patient to prepare for discharge and what services are required *before* the patient leaves the hospital. There needs to be connection for the patient and family to support groups. As an integrated delivery network (IDN) we can support patients at all levels of care, connecting the resources that will be important to long term healthy living for these patients and families.

## What are 3-5 interventions ambulatory care settings should prioritize related to sepsis care?

### 1. Early identification

Early identification of Sepsis in the Ambulatory setting is complex.

Please consider the following, **think sepsis!!**

- Abnormal Vital Signs without Shock
  - Heart Rate  $\geq 130$  beats/min
  - Respiratory rate  $\geq 24$  breaths/min
  - Systolic blood pressure  $\leq 90$ mmHg (Exclude persistent SBP $<90$ mmHg)
- Fever or extreme shivering
- Confusion or slurred speech
- Passing no urine all day
- Muscle pain
- Severe breathlessness
- Patient's reporting "feeling like they are going to die"
- Mottled or discolored skin

## THINK T-I-M-E

When it comes to sepsis, remember **IT'S ABOUT TIME™**. Watch for:

<b>T</b>	<b>I</b>	<b>M</b>	<b>E</b>
<b>TEMPERATURE</b> higher or lower than normal	<b>INFECTION</b> may have signs and symptoms of an infection	<b>MENTAL DECLINE</b> confused, sleepy, difficult to rouse	<b>EXTREMELY ILL</b> "I feel like I might die," severe pain or discomfort

Watch for a combination of these symptoms. If you suspect sepsis, see a doctor urgently, CALL 911 or go to a hospital and say, "I AM CONCERNED ABOUT SEPSIS."

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2. Post care referral to physical therapy and mental health services.
3. Connection with a support system for the family.

### Where can ambulatory care ministries get more information and access to resources?

- For general information regarding sepsis, educational opportunities and to learn more about how to spread sepsis awareness, go to the Sepsis Alliance.

[Sepsis Alliance](#)

- NICE: National Institute for Health and Care Excellence
  - For resources related to diagnosis and early management of sepsis in the ambulatory setting please click the following link: [Sepsis: Recognition, diagnosis, and early management.](#)
  - Age specific algorithms for identifying people with suspected sepsis
    - [Children under 5 out of hospital](#)
    - [Children aged 5 to 11 years out of hospital](#)
    - [Children and young people aged 12 to 17 out of hospital](#)
    - [Adults aged 18 and over out of hospital](#)

These age specific algorithms are meant be used together with the NICE Risk Stratification Tools found here: [Risk Stratification Tools](#)

Please refer to additional materials on this site from Dean Medical Group that they have developed to support their work.

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