

Sepsis

The Sepsis Alliance designated September as [Sepsis Awareness Month](#) to prevent deaths due to sepsis through increasing sepsis awareness in health care systems and the community. This publication outlines the latest resources in Sepsis care.

Latest Bundle Update

Early detection and intervention of sepsis is the key for survival and for limiting disability for survivors.¹ It is estimated that 80 percent of sepsis deaths could be prevented with rapid diagnosis and treatment. The Society of Critical Care Medicine's Surviving Sepsis Campaign released a new [Hour-1 Bundle](#) to reflect the latest evidence described in the "International Guidelines for Management of Sepsis and Septic Shock: 2016." In this revision, the three-hour and six-hour bundles have been combined into a single "Hour-1 Bundle" with the explicit intention of beginning resuscitation and management immediately. The Hour-1 Bundle, or Golden Hour Bundle, should be introduced as the next iteration of ever-improving tools in the care of patients with sepsis and septic shock.²

The five steps of the Hour-1 Bundle include the following.

- Measure the blood lactate level. A high lactate level indicates that the tissues are not getting enough oxygen from the blood.
- Perform blood cultures to identify the cause of the infection. Blood samples should be taken before antibiotics are administered, if possible.
- Administer broad-spectrum antibiotics that are active against the causative organism.
- Start intravenous fluids. Fluid resuscitation is an essential step to stabilize the patient's condition.
- Administer vasopressors to raise blood pressure. This is a critical resuscitation step in patients with septic shock.

Hour-1 Bundle Resources:

- Hour-1 Bundle [Infographic](#) and [Pocket Card](#)
- A short, two-minute [video](#) highlighting the FIVE STEPS of the Hour-1 Bundle
- Related [press release](#)³

FACTS ABOUT SEPSIS

- Sepsis was listed as the most expensive inpatient condition in American hospitals in 2014.
- The average cost was more than \$18,000 per hospital stay.
- In 2014, there were more than 1.5 million sepsis hospital stays.
- An estimated \$27 billion in costs per year are devoted to sepsis care.
- Thirty percent of patients diagnosed with severe sepsis do not survive.
- As many as 50 percent of survivors suffer from long term, post-sepsis syndrome.



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To promote early identification and treatment for sepsis in the community, [view](#) a 15-minute training video and 60-minute training module designed for Emergency Medical Services. In the training called, “*Sepsis: First Response*,” emphasis is placed on the importance of prehospital recognition of sepsis, along with effective collaboration with the emergency department staff by providing key information about the patient’s status and explicitly stating, “I’m concerned about sepsis.”

HIINovative Practice: Saving Skin in Sepsis Patients⁴

Sepsis patients in the ICU present multiple challenges for nurses, including skin preservation. Lack of perfusion to skin and other organs, the effects of vasopressors, and difficulty mobilizing due to instability and medical devices contribute to sepsis being the leading diagnosis associated with sacral pressure injuries.

A prospective [study](#) involving 243 ICU patients evaluated the effectiveness of a prophylactic sacral dressing for pressure injury prevention in high-risk patients. The article, published in the [American Journal of Critical Care, May 2016](#), serves as an improvement case study that demonstrates that protective sacral dressings contributed to reductions in sacral pressure injuries over a seven-month period in three ICU units. The range of reductions was between 3.4 and 7.6 per 1,000 patient days.

Patients with sepsis experience a cascade of symptoms and pathophysiology that makes them extremely vulnerable to pressure injuries in the acute phase of illness. These contributing factors include: fever, diaphoresis, hypoperfusion, poor tissue oxygenation, inflammation, and ultimately, multiple organ system failure. It is important to remember that skin, as the integumentary system, can fail, too.

Two steps to focus on saving skin in your sepsis patients:

Step 1: Take a look at your data. What are the leading discharge diagnoses for your patients with stage 3 or greater pressure injuries?

Step 2: Review these HRET resources – [HAPI Sepsis Top 10 Checklist](#) and [Sacral Injury Top 10 Checklist](#) – to find evidence-based tips to reduce pressure injuries with sepsis.

Additional Resources:

- [HRET-HIIN Sepsis Change Package](#)
- [HRET-HIIN Sepsis Top Ten Checklist](#)
- [HRET-HIIN Sepsis Webinars](#)
- [Sepsis Alliance](#)
- [Centers for Disease Control and Prevention Resources on Sepsis](#)



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- [American College of Emergency Physicians: Detect, Act, Reassess and Titrate Tool](#)
- [Surviving Sepsis Screening Tool](#)
- [Surviving Sepsis Protocols and Checklist](#)
- ["The Face of Sepsis"](#)
- ["Code Sepsis" Logo](#)
- [Sepsis Clock](#)
- [Nurses Suspect Sepsis Educational Video](#)
- [CDC Get Ahead of Sepsis Resources](#)
- [Transferring Facility Sepsis Care Tool](#) (PDF file)

Patient Resources for Sepsis:

- [Life After Sepsis: Health Consequences Among Survivors of Severe Sepsis](#)
- [Partnering to Heal resources](#)
- [Rory Staunton: Surviving Sepsis](#)
- [Sepsis Alliance: Patient and Family Education](#)
- [Life After Sepsis Fact Sheet](#)
- [Stoplight Tool for Home](#)

References:

¹ Sepsis Alliance. Definition of Sepsis. Retrieved September 4, 2018, from <https://www.sepsis.org/sepsis/definition/#>

² Bendor, M. (2018, May 23). *The Surviving Sepsis Campaign Bundle: 2018 Update*. Message to HRET HIIN Sepsis Listserve.

³ Whitney, M. (2018, May 22). *New Tools from Surviving Sepsis Campaign for the latest "Hour 1 Bundle."* Message to HRET HIIN Sepsis Listserve.

⁴ Conrad, J. (2018, August 15). *Saving Skin for Sepsis Patients*. Message to HRET HIIN Sepsis Listserve.