SEPSIS

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SEPSIS

• Is a potentially life threatening condition that arises when the body’s response to infection attacks its own organs and tissues
• If not spotted and treated quickly, sepsis can rapidly lead to organ failure and death
• Once recognised, the treatment for sepsis is relatively straightforward
• Infections which can give rise to sepsis include pneumonia, urine infections, infections in wounds, bites or joints and problems like burst ulcers
• Delivering antibiotics and fluids within the first hour can halt the progression of sepsis and hugely improve outcomes
RECOGNISING SEPSIS

• Abnormal vital signs (temperature; blood pressure; pulse; oxygen levels; conscious levels) are an indicator that the patient should be screened for sepsis

• In our Emergency Departments, when the patient’s observations are entered into our electronic patient system and are abnormal, the system prompts the staff to screen for sepsis

• For inpatients, our observation charts instruct the staff to screen for sepsis if vital signs are abnormal

• Once the patient triggers as having sepsis or if sepsis is suspected, a doctor is expected to review the patient within 30 minutes

• Within 60 minutes of sepsis or suspicion of sepsis being identified OUR staff should complete the Sepsis 6
SEPSIS 6 PATHWAY – GIVE 3 / TAKE 3

Give:
- Give oxygen
- Give intravenous antibiotics
- Give intravenous fluids

Take:
- Take blood cultures
- Measure lactate (blood test)
- Measure urine output
HOW WE REAAct

• Our Sepsis training is based on REAct to sepsis - Recognise, Escalate, Act (created by BHRUT and presented nationally at the 2017 Sepsis Conference)

• All of our clinical staff are required to complete sepsis elearning training yearly for their area – adults; maternity; paediatrics; neonates

• In addition to the e-learning training, our clinical staff receive a face to face sepsis training session to ensure they are aware of the process and equipment available in their local area

• There are 30 Tier 1 Senior Sepsis Trainers and 84 Tier 2 Sepsis Trainers across the Trust
HOW WE REAct

• We are required to monitor the screening of patients for sepsis and the delivery of antibiotics within one hour
• In addition to the required monitoring, we also monitor delivery of the remaining aspects of the Sepsis 6
• Compliance is monitored separately for our Emergency Department patients and for Inpatients
• The majority of our patients with sepsis present in the Emergency Department, with very few developing sepsis as an inpatient
SEPSIS TROLLEYS
SEPSIS DEATHS BY MONTH
EMERGENCY DEPARTMENT SEPSIS SCREENING BY QUARTER 2015-2017

- **BHRUT**
- **Target**
- **National Average**
- **NHS England Average**
INPATIENT SCREENING BY QUARTER
2016-2017

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<th>Quarter</th>
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BHRUT
Target
NHS England Average
EDUCATION AND AWARENESS

SIMULATION TRAINING

AWARENESS DAYS
Recognition of sepsis in children is challenging because many children present with symptoms that could indicate a wide variety of illnesses.

Escalation is particularly important in children to ensure review by a senior clinician to enable appropriate administration of antibiotics.

REAct to sepsis was first introduced by our Paediatric Emergency Department Consultant.
We’re one of the top trusts for improving our sepsis screening

We received a letter full of great feedback from NHS England’s Medical Director for Clinical Effectiveness, Celia Ingham Clark, praising how we’ve improved how quickly we are identifying sepsis and getting our patients the treatment they need:

“I’d like to congratulate you and your colleagues for all the hard work and dedication you have shown, which has enabled these improvements to take place”
PLANS FOR THE FUTURE

• Continue to monitor performance with oversight by the Sepsis Steering Group
• Continue to share results in our ED’s directly with our staff to enable rapid improvements
• Expand sepsis training to non clinical staff and allied health professionals
SEPSIS IS EVERYBODY’S BUSINESS

JUST ASK

COULD

IT BE

SEPSIS?