Stopping Sepsis in Its Tracks!
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**Problem:** Sepsis is the leading cause of death in the non ICU setting. In 2008, there were 215,000 sepsis related deaths in the United States. Emergency Department (ED) staff nurses realized a number of patients were being seen, sent home, and readmitted with more acute symptoms of sepsis and septic shock.

**Evidence:** PubMed and CINAHL search words included sepsis, screening tools, and SIRS (systemic inflammatory response syndrome) criteria. The literature review revealed staggering statistics of mortality due to sepsis. In an effort to promote early diagnosis in the ED, a nearby institution was benchmarked for comparison. The Surviving Sepsis Campaign (SSC) also provided information on the current evidence supporting an early recognition program.

**Strategy:** The strategy was to educate nurses to accurately assess and evaluate patients presenting with symptoms of SIRS and to place standard of care orders shown to improve patient outcomes. An interdisciplinary team disseminated the evidence and provided the education via posters, pocket cards, and forums.

**Practice Change:** Using SSC guidelines, the team developed an early identification screening tool and physician order set. Transition to electronic documentation allowed the SIRS criteria to become part of each patient assessment. The majority of admitted patients arrive through the ED, so an educational emphasis was directed there.

**Evaluation:** Data management tracked our mortality rates on patients with diagnosis of sepsis or septic shock.

**Results:** Baseline sepsis data led to the establishment of the goal of a 10% reduction in mortality due to sepsis by April 2009. We met our goal in March, 2009.

**Recommendations:** Collaborating with a broader base of ED Physicians would have facilitated a timelier implementation in change of practice. The project stalled due to the ED physician champion leaving the facility shortly after the project started.

**Lessons Learned:** An educational need exists in surrounding counties and local nursing facilities on the early detection of the SIRS criteria and Sepsis. This was found to be the underlying problem in the ED.