

10-26-2020

Sepsis Education on 5 Beurger

Kevin Galm

Thomas Jefferson University, kevin.galm@jefferson.edu

Christina Layton

Thomas Jefferson University, christina.layton@jefferson.edu

Nicole Camut

Thomas Jefferson University, nicole.camut@jefferson.edu

Joseph Seo

Thomas Jefferson University, joseph.seo@jefferson.edu

Follow this and additional works at: <https://jdc.jefferson.edu/nurseresidencyposters>

 Part of the [Medical Sciences Commons](#), and the [Nursing Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Galm, Kevin; Layton, Christina; Camut, Nicole; and Seo, Joseph, "Sepsis Education on 5 Beurger" (2020). *Abington Jefferson Health Nurse Residency Posters*. 3.

<https://jdc.jefferson.edu/nurseresidencyposters/3>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Abington Jefferson Health Nurse Residency Posters by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Introduction

Purpose

- To examine if there is a correlation between educating nurses on the topic of sepsis and improving competency in early sepsis detection based on Abington's Sepsis Protocol.

Problem Statement

- As our population grows older there is an increased risk of sepsis and septic shock. This presents a challenge to our healthcare system and professionals who are at the forefront of patient care. At this time there have been successful interventions implemented to combat the impact sepsis can have on patients. It is crucial to educate and reinforce these treatments provided as it can be the difference between life and death for a septic patient.

Question?

- Does sepsis education for nurses improve early sepsis detection/intervention competence?

Evidence

- Because patients on the ward may become septic at any point during hospitalization, screening is often performed longitudinally rather than at one point in time. This requires additional resource strain and burden on caregivers compared with a one-time screening on admission. In addition, there are few data to support optimal treatment strategies for patients with sepsis identified on the wards, as discussed in further detail by a recent review. 24 Despite these considerations, several studies suggest that actively screening patients on the wards is associated with improved process measures and patient outcomes, as discussed further on" (Bhattacharjee, Edelson, & Churpek, 898).
- "An accurate and timely diagnosis of sepsis allows prompt and appropriate treatment" (Fan, Miller, Lee, & Remick, 1).
- "Early identification of sepsis could enable prompt delivery of key interventions such as fluid resuscitation and antibiotic administration which, in turn, may lead to improved patient outcomes." (Smyth, Brace-McDonnell, & Perkins, 1).

Methods

- In order to improve this area of competence, we opted to assess each nurses' knowledge of sepsis with a case study during their shift
- On average, took **5-10 minutes** to complete
- This allowed us to assess the competency levels of each nurse before educating them

Included:

- A sepsis review sheet (signs & symptoms, treatments/interventions, those at risk, and the importance of early detection)
- 2 case studies: 5 questions
- Self-reflection: **Did they learn something from this?**
- Answer Key
- After completion, the nurses kept the "Quick Review" education portion of the packet for themselves.
- We kept their **anonymous answers** to use for the conclusion of our results.
- The case study questions showed if they **implemented the education** correctly and we discussed more in detail what could have been assessed and addressed.
- The self-reflection question at the end helped us to determine if the nurses felt that they learned something from the review or not (**anonymity allowing for full honesty**).
- The answer key **guaranteed effective education** by reviewing and correcting any wrong answer choices or oversights.

Results

Together we educated 17 5B nurses by using our "Quick Review" packet. The results of this evidenced based project showed that **100%** of our nurses were more competent post-education in order to improve early sepsis detection and intervention

Conclusions

- The goal of this evidence-based project was to assess and improve the knowledge levels of our nurses regarding sepsis signs/symptoms and compliance of the sepsis bundles implemented by the hospital. We found that 100% of the nurses found our education on the signs, symptoms and the necessary interventions of sepsis improved their competence.**
- This helps to prevent delayed hospitalizations, long term organ damage, bloodstream infections, and death

Next Steps

There are many opportunities to disseminate sepsis knowledge to more nurses and people in the community that remain at the end of this project. Our goal was to raise awareness of sepsis signs and symptoms to nurses who can notify physicians in a timelier manner if sepsis becomes a concern in order to improve patient outcomes.

Remember our mission: We improve lives!

References

- Bhattacharjee, P., Edelson, D. P., & Churpek, M. M. (2017). Identifying Patients With Sepsis on the Hospital Wards. *Chest*, 151(4), 898-907. <https://doi.org/10.1016/j.chest.2016.06.020>
- Fan, S.-L., Miller, N. S., Lee, J., & Remick, D. G. (2016). Diagnosing sepsis - The role of laboratory medicine. *Clinica Chimica Acta*, 460, 203-210. <https://doi.org/10.1016/j.cca.2016.07.002>
- Kwizera, A., Festic, E., & Dünser, M. W. (2016). What's new in sepsis recognition in resource-limited settings? *Intensive Care Medicine*, 42(12), 2030-2033. <https://doi.org/10.1007/s00134-016-4222-x>
- Smyth, M. A., Brace-McDonnell, S. J., & Perkins, G. D. (2016). Identification of adults with sepsis in the prehospital environment: a systematic review. *BMJ Open*, 6(8), 1-10. <https://doi.org/10.1136/bmjopen-2016-011218>