MONITOR YOUR HEALTH DAILY

My heartbeat and breathing are normal for me
I do not have a fever
   • Take temperature twice a day
I do not feel hot or cold
My energy level is normal for me
My thinking is clear
I feel well
My infection is resolving
Any open skin is healing

My heartbeat or breathing is faster than normal
I have a slight fever (100°F – 100.4°F)
I have chills/shivering
I am tired and it is difficult to do my normal activities
My thinking is slow
I do not feel well
My infection is not getting better
My area of open skin looks different

Contact Primary Care for an urgent visit
Call: ____________

My heartbeat or breathing is very fast
I have a fever (100.5°F or greater)
My temperature is below 96.8°F
My skin is pale or nails are blue
I am very tired and cannot do my daily activities
I am confused or my caregivers tell me I am not making sense
I feel sick
My open skin is red, painful, smells, or has pus

Go NOW to Urgent Care or Emergency Room or call 911

TAKE ACTION!

Your facility logo here
SEPSIS FACT SHEET
Patient Post-Discharge Action Plan

For patients experiencing concerning signs of symptoms

WHAT TO DO:
Get medical care immediately and ask “Could this be sepsis?”

☐ Go NOW to Urgent Care___________
Located at ____________________________
_________________________________

☐ Go NOW to Emergency Room_______
Located at ____________________________
_________________________________

☐ Call 911

Note to clinicians:
Please complete and review this Action Plan with patient and provide at discharge

KNOW THE SIGNS OF SEPSIS*
Shivering  Extreme pain  ‘I feel like I might die’  Pale skin  Sleepiness
Skin  Shortness of breath

Sepsis is a medical emergency—ACT FAST!

LEARN MORE: www.cdc.gov/sepsis
*Sepsis Alliance at www.sepsis.org

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Acute Care Nursing Staff

SEPSIS FACT SHEET

Use SBAR *Situation-background-assessment-recommendation* method of communication for clinical report to physicians

Use Teach Back for sepsis discharge instruction—use video/visual resources

Say “SEPSIS” Call it what it is so more patients survive

ENHANCING SEPSIS SURVIVORSHIP

Sepsis survivors are at risk for cognitive, functional, and medical disabilities

• Encourage early mobility in hospital
• Ensure medication and dosage reconciliation at time of discharge
• Educate patient and family about signs of sepsis, expectations for recovery and post-sepsis syndrome
• Listen to the patient

EMPHASIZE INFECTION PREVENTION

• Hand hygiene
• Wound care
• Vaccinations for flu, pneumonia, others
• Take medications as prescribed

SIGNS OF SEPSIS*

Shivering
Extreme pain
Pale skin
Sleepiness
‘I feel like I might die’
Shortness of breath

ENSURING A SUCCESSFUL DISCHARGE

• Provide self-monitoring tool for home
  ✓ Review symptom inventory
  ✓ Take body temperature
  ✓ Review who to call and where to go for help

• Provide an action plan
  ✓ Include number a patient should call
  ✓ Identify where a patient should go for help
  ✓ For severe symptoms, call 911

• Prior to discharge, schedule follow-up appointment (within 7 days of discharge)

• Discuss nutrition & hydration—give examples

• Call discharged sepsis patients within 48 hours to confirm:
  ✓ Patient has medication/antibiotics
  ✓ Patient has follow-up appointment
  ✓ Home service has visited, if applicable
  ✓ If there are changes in health or mood

MORE INFORMATION

www.cdc.gov/sepsis
*Sepsis Alliance at www.sepsis.org

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PATIENT DISCHARGE CHECKLIST
FOR STAFF DISCHARGING A SEPSIS PATIENT

Acute Care Hospital → Home or Post-Acute Care Facility

DI SCHARGE CHECKLI ST

- Admission date and diagnosis
- LOS and discharge diagnosis
- Days in ICU, if applicable
- Dates & types of surgery
- Line in place at discharge & location
- Foley in place at discharge & why
- Wounds—dressing type
- Antibiotic and discontinue date
- Special instructions

Provide Sepsis Fact Sheets:
- Patient and Family Education
- Patient Post-Discharge monitoring
- Patient Post-Discharge Action Plan
- Refer to Hand-Off Communication tool for staff

- Discharge summary faxed
- Medications and dosages updated
- Lab work needed

Follow-up appointments scheduled:
- Referral for home care agency
- Outpatient rehabilitation
- Support group meeting information
- Durable medical equipment order

Patient knows action plan for help:
- Who to call ____________________
- Where to go ____________________

MORE INFORMATION
www.cdc.gov/sepsis
*Sepsis Alliance at www.sepsis.org

SEPSIS SURVIVORS ARE AT RISK

- Cognitive impairment
- Forgetfulness/concentration
- Anxiety and depression
- Health deterioration
- Chronic disease management
- Immunosuppression
- Readmission within 30 days often with another infection
- Decreased quality of life
- Early mortality

SIGNS OF SEPSIS*

- Shivering
- Extreme pain
- Pale skin
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- ‘I feel like I might die’
- Shortness of breath

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**AWARENESS—THE CURE FOR SEPSIS!**

**THE SIGNS OF SEPSIS**
- Shivering
- Extreme pain
- Pale skin
- Sleepiness
- ‘I feel like I might die’
- Shortness of breath

**ANYONE CAN GET SEPSIS**

Germs cause an infection and, if not stopped, **any infection can lead to sepsis**. Sepsis is the body’s extreme response to an infection, causing your organs to shut down one by one and can be deadly.

Those at highest risk for sepsis are:
- Children less than one year old
- Elderly greater than 60 years old
- Those with chronic conditions or weak immune systems

**WAYS TO PREVENT SEPSIS**

1. Prevent infection and get vaccinated
2. Wash your hands often and keep cuts clean
3. Know the signs of sepsis
4. **Act fast** if you have an infection that is not getting better or is getting worse

**TIME MATTERS**

**It’s a race against the clock!**

Sepsis is treatable with antibiotics but the more time you spend without the antibiotics, the less time you have to fight for your life.

Get medical care immediately and ask your healthcare provider “Could my infection be leading to sepsis?”

**LIFE AFTER SEPSIS**

More patients are surviving sepsis but many suffer from new problems:
- Memory loss
- Anxiety or depression
- Weakness and difficulty with routine tasks
- Difficulty sleeping
- Recurrent infection
- Medical setbacks from chronic conditions of the heart, lung, or kidney

**HOW CAN I HELP MYSELF RECOVER?**

- Set small goals for yourself—like bathing
- Rest to rebuild your strength
- Eat a balanced diet
- Exercise as you feel up to it—like walking
- Surveillance helps
  - Watch for signs of new or repeat infection
  - Take your temperature twice a day

**LEARN MORE**

[www.cdc.gov/sepsis](http://www.cdc.gov/sepsis)

*Sepsis Alliance at [www.sepsis.org](http://www.sepsis.org)*

**SEPSIS IS A MEDICAL EMERGENCY!**
Hand-Off Communication
Acute care hospital ➔ Post-acute care facility

What You Need To Know If Your Patient Had Sepsis

Sepsis survivors may be discharged with new medical problems and have trouble with routine tasks.

When a sepsis survivor is discharged to a post-acute facility, the following should be provided:

- Cognitive disability
- Forgetfulness/concentration
- Anxiety and depression
- Health deterioration
- Chronic disease management
- Immunosuppression
- Readmission within 30 days often with another infection
- Decreased quality of life
- Early mortality

Facility-to-facility communication

Say “sepsis” in the discharge summary—include source, organism, and antibiotics

Medication reconciliation and dosage adjustment if necessary

Surveillance for a new or recurrent infection post-discharge

Life After Sepsis Video:
https://youtu.be/HIk64wyd44Q
or search “Sepsis Alliance Life after Sepsis”
SEPSIS FACT SHEET
Health Care Providers

Patients with a sepsis diagnosis are at higher risk for:
- Exacerbation of chronic diseases
- Immunosuppression
- Recurrent infections
- Cognitive impairments
- Anxiety and depression
- Physical disability
- Early mortality

Say “SEPSIS”
Call it what it is so more patients survive

SEPSIS AND BEHAVIORAL HEALTH
Of Pennsylvanians discharged with one of the following diagnoses—heart failure, sepsis, pneumonia, COPD, stroke, or ESRD—sepsis patients had the highest volume of behavioral health comorbidities. Anxiety and depression were identified most frequently.

Primary care sites and providers should plan to manage behavioral health comorbidities, at least for an interim, until patients that require a higher level of care can secure a provider.

FOCUS ON POTENTIALLY PREVENTABLE CONDITIONS AFTER DISCHARGE
- Infection
- Congestive heart failure
- Acute renal failure
- COPD exacerbations
- Aspiration

ENHANCING SEPSIS SURVIVORSHIP
- Timely and effective sepsis treatment
- Early mobility in hospital
- Screen for physical and mental impairment at discharge, and at first outpatient visit
- Review medications and dosages at discharge—involves pharmacy
- Vaccinate patients
- Educate patients about sepsis diagnosis, recovery expectations, and post-sepsis syndrome
- Promote functional recovery—refer to rehab
- Keep it simple at discharge
- Refer patients to support groups
- Schedule early (<7 day) follow-up visit after discharge
- Complete discharge summary within 48 hours so available to primary care provider
  - Document sepsis, source, and antibiotics
- Prescribe home health services if patient is unable to manage medications at home
- Encourage self-monitoring for signs of infection
- Listen to your patient
- Discuss goals of care with patient
  - Consider palliative focus for patients with declining health prior to sepsis

Your facility logo here
**SEPSIS FACT SHEET**

**Post-Acute Care Facilities**

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**THE SIGNS OF SEPSIS**

- Shivering
- Extreme pain
- Pale skin
- Sleepy
- “I feel like I might die”
- Short of breath

---

**PREVENTION:**

- Hand hygiene
- Vaccinate patients/staff
- Keep wounds clean
- Know the signs of sepsis

---

**PREPARE**

- Hold role-playing sessions for staff
- Learn to recognize sepsis symptoms early

---

**TREAT WHILE AWAITING TRANSFER:**

- Start IV access
- Draw blood cultures and lactate
- Start antibiotics
- Start fluid

---

**TREAT**

while awaiting transfer

---

**SCREEN**

to improve recognition with a sepsis screening tool for unlicensed staff MHA** or INTERACT***

---

**KNOW**

the signs of sepsis and have an escalating action plan

---

**COMMUNICATE**

Use SBAR tool to effectively communicate clinical information to physician or advanced practice clinician

---

**COMMUNICATE**

**SBAR:**

- Situation
- Background
- Assessment
- Report

---

**SEPSIS FACT SHEET**

**Post-Acute Care Facilities**

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**THE SIGNS OF SEPSIS**

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**SBAR:**

- Situation
- Background
- Assessment
- Report

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* Sepsis Alliance at [www.sepsis.org](http://www.sepsis.org)
* Minnesota Hospital Association Seeing Sepsis Long Term Care Resources
* INTERACT Stop and Watch Early Warning and SBAR Communication tools

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**STOP SEPSIS!**

**KNOW THE SIGNS OF SEPSIS + ACT FAST**

**SIGNS OF SEPSIS**

- Shivering
- Extreme pain
- Pale skin
- Sleepiness
- ‘I feel like I might die’
- Shortness of breath

**SEPSIS SURVIVORS ARE AT RISK**

- Cognitive impairment—Forgetfulness/concentration
- Anxiety and depression
- Health deterioration
- Chronic disease management
- Immunosuppression
- Readmission within 30 days often with another infection
- Decreased quality of life
- Early mortality

**ASSESS THE SEPSIS SURVIVOR**

- Watch for changes in mood
- Discuss good nutrition—give examples
- Discuss hydration—encourage water
- Monitor if medications are being taken as prescribed
- Watch for changes in open skin areas
- Observe for functional, cognitive or medical decline
- Listen to the patient

**PATIENT KNOWS ACTION PLAN**

- Call 911 or xxx-xxx-xxxx
- Go to an emergency department or urgent care site

**EMPHASIZE INFECTION PREVENTION**

- Hand hygiene
- Wound care
- Vaccinations

**MORE INFORMATION**

[www.cdc.gov/sepsis](http://www.cdc.gov/sepsis)

*Sepsis Alliance at [www.sepsis.org](http://www.sepsis.org)*