

Sepsis Screening at Change of Shift for Earlier Recognition of Sepsis



Clinical Issue/Current Practice

Clinical Issue: Past evidence has shown the importance of early recognition of severe sepsis in order to improve outcomes for patients and reduce sepsis-related mortality. On 4MN, there have been a number of cases where sepsis was not identified at the actual time of presentation, resulting in either late identification of sepsis or missing a sepsis case all together

Current Practice: Sepsis Screening is done once per shift by the bedside RN. The screening is performed whenever the bedside RN charts his/her assessment (anywhere between 0800-1100/2000-2300)

Current 2RN checks on 4MN: high alert medications, foley insertion, skin check on admission, central line dressing change

Available Evidence/Literature review

Evidence has shown that early recognition of sepsis has been found as a major obstacle in implementing a sepsis protocol. Having a 3 step sepsis screen is a thereby a valid tool for early recognition of sepsis (Moore, et al., 2009). Evidence has also shown that nurses' ability to assess the patient is key in early recognition of sepsis (Drahnak, 2016). In regards to patient safety, it has also been found that Nurse-to-Nurse bedside report is described as a strategy to increase patient safety (Caruso, 2007). Also implementing 2 RN checks for high alert medications has also increased patient safety by reducing medication errors (Baldwin and Walsh, 2014). Based off this evidence, an intervention was developed on 4MN to increase nurse recognition of sepsis at handoff as demonstrated by the PICO question below

PICO Question

In the Medical-Surgical setting, does having a two nurse screening of sepsis at hand off compared to single nurse screening reduce the number of sepsis fall out cases?

Interventions

Pre/post survey: tested RN's knowledge of sepsis identification and identified the current practice of what patient information is discussed at hand off in regards to sepsis

Huddle for 2 weeks/email: explained to RNs the purpose of the 2 RN screening, what it was, and when it would be implemented

Implementation of the 2 RN sepsis screening : done at change of shift for February and ongoing in March

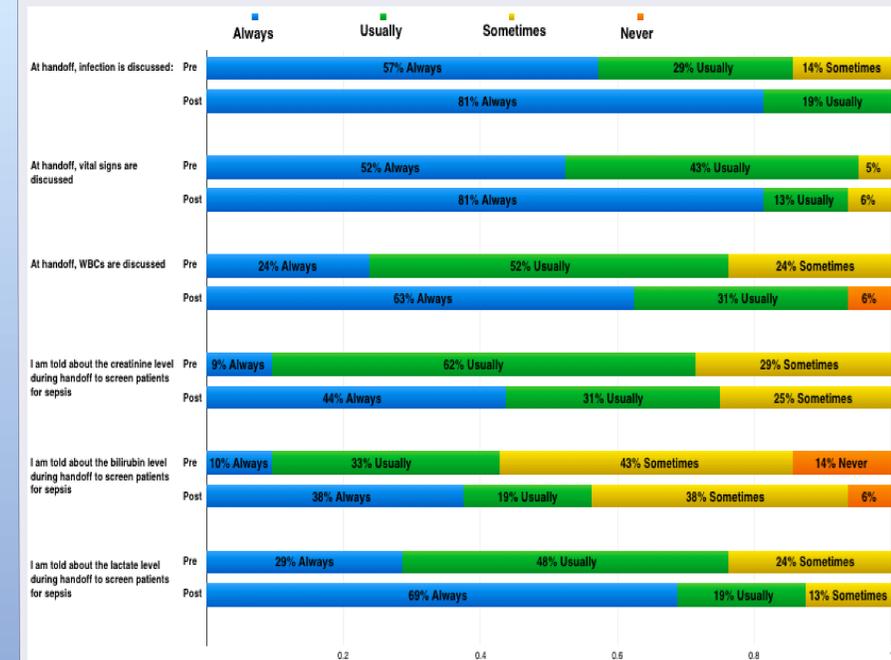
Outcomes Measured

To evaluate the efficacy of the 2 RN sepsis screen, the number of fallout cases on 4MN was measured in addition to nurse recognition of SIRS/organ failure. Furthermore, we evaluated nurse compliance of performing the sepsis screen at handoff by manual chart review and also determining what was discussed at handoff through the pre/post test.

Results



Results



Conclusion

Through our intervention, it was found that performing a 2 RN sepsis screen at change of shift decreased the number of sepsis fall out cases on 4MN. Performing a 2 RN sepsis screen facilitated discussion about SIRS criteria and clinical status at change of shift, leading to more accurate screenings. Nurses were better able to identify organ dysfunction after the intervention, which would also lead to more accurate sepsis screens. Further data will need to be collected to determine if the number of sepsis fallout cases remains low on 4MN through the continuation of a 2 RN sepsis screen at change of shift.

References

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