Sepsis Bundle Project (SEP)

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NEW MEASURE FOR CMS

• Patients with a diagnosis of severe sepsis or septic shock suffer from a high rate of organ failure which often leads to death. Multiple studies have demonstrated that following the guidelines identified in the *Surviving Sepsis Campaign* improves patient chance of recovery.

• A 2011 study by Coba et al. demonstrated a 14% reduction in mortality when the compliance with the bundle occurs.

• Encouraged by the decrease in organ failure, mortality, length of stay and cost of care, CMS has included the sepsis bundle into its CQI program.
• Data collection for this measure will be required by CMS starting with the October 1, 2015 discharges.

• Many hospitals have chosen to start voluntary collection of the data April 1, 2015 to assure they prepared for the mandatory reporting date.

• For the severe sepsis project, presentation time is either the triage time for patients entering through the ED or the date and time that there is documentation in the progress notes that support the diagnosis of severe sepsis.
Objectives

1. To identify the symptom of severe sepsis and septic shock syndrome.
2. To list the bundle recommendations for treating severe sepsis which are to be initiated within 3 hours of presentation.
Severe Sepsis Symptoms

• Let’s review the symptoms that lead to the diagnosis of severe sepsis.

<table>
<thead>
<tr>
<th>Sepsis</th>
<th>Severe sepsis = all signs of sepsis + at least one of the following</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Temp. above 101F (38.3C) or below 96.8F (36C)</td>
<td>Significantly decreased urine output (≥0.5 mL/kg/h)</td>
</tr>
<tr>
<td>Heart rate &gt; 90 beats per minute</td>
<td>Abnormal heart pumping function</td>
</tr>
<tr>
<td>Respiratory rate &gt;20 breaths per minute</td>
<td>Difficulty breathing</td>
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<td>Probable or confirmed infection</td>
<td>Decrease in platelet count</td>
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<td>Abdominal pain</td>
<td>Abrupt change in mental status</td>
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Sepsis = Body Temp. above 101F (38.3C) or below 96.8F (36C)
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Significantly decreased urine output (≥0.5 mL/kg/h)
Abnormal heart pumping function
Difficulty breathing
Decrease in platelet count
Abrupt change in mental status
Abdominal pain
Septic Shock Symptoms

• The diagnosis of septic shock is made when a patient has the symptoms of severe sepsis plus extreme hypotension that does not respond to fluid replacement.

• Other symptoms may include reddish patches in the skin or adult respiratory distress syndrome which may lead to ventilatory failure.
The Sepsis Bundle

• Timeliness of the interventions is key to improving patient outcomes:

• Within **three hours** of presentation of **severe sepsis**.

1. An initial lactate level measurement must be obtained.
   If the results are \(>4\text{mmol/L}\), resuscitation with 30ml/kg crystalloid fluids should be started.

2. Blood cultures drawn prior to antibiotic administration.

3. Broad spectrum or other antibiotics must be administered.
Next steps:

• Within six hours of presentation for patients with severe sepsis a repeat lactate level measurement should be done if the initial lactate measurement was elevated (> 2mmol/L).
Patients with Septic Shock

• Along with the bundle elements listed for severe sepsis, patient with a diagnosis of **septic shock** have additional needs.

• Within three hours of presentation, start resuscitation with 30ml/kg crystalloid fluids.
• Within six hours of presentation, if hypotension (systolic blood pressure (SBP) <90 mmHg or mean arterial pressure (MAP) < 65 mmHg) persists after fluid administration, the following treatments must be initiated:
Septic Shock- Vasopressor Administration

- The table below lists the **Vasopressors approved for Septic Shock**
  - Generic name | Brand name
  - Norepinephrine | Lavished
  - Epinephrine | Adrenalin
  - Phenylephrine | Neosynephrine | Vazculep
  - Dopamine | Inotropin
  - Vasopressin | Pitressin

- Specifications Manual for National Hospital Inpatient Quality Measures Discharges 10-01-15 (4Q15) through 06-30-16 (2Q16)
Septic Shock cont.

• Repeat volume status and tissue perfusion assessment consisting of either a focused physical exam including:

1. Vital signs
2. Cardiopulmonary exam
3. Capillary refill evaluation
4. Peripheral pulse evaluation
5. Skin examination

OR

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<tr>
<td>Pulse</td>
<td>60/min</td>
</tr>
<tr>
<td>SpO₂</td>
<td>99% on air</td>
</tr>
<tr>
<td>Temp</td>
<td>36°C</td>
</tr>
</tbody>
</table>
Septic Shock cont.

• Two of the following:

1. Central venous pressure measurement
2. Central venous oxygen measurement
3. Bedside cardiovascular ultrasound
4. Passive leg raise or fluid challenge
For chart abstraction purposes, patients excluded from this measure are

• Patients under the age of 18.
• Patients who have received IV antibiotics for more than 24 hours prior to presentation of severe sepsis.
• Patients with a directive for comfort care only within three hours of presentation for severe sepsis.
• Patients with a directive for comfort care only within six hours of presentation of septic shock.
• Patients transferred in from another acute care facility.
• Patients with severe sepsis who expire within 3 hours of presentation.
• Patients with septic shock who expire within six hours of presentation.
1. For patients with severe sepsis which of these treatments should be started within 3 hours of presentation?

A. An initial lactate level measurement must be obtained
B. Blood cultures drawn prior to antibiotic administration.
C. Broad spectrum or other antibiotics must be administered.
D. All of the above
2. Along with the bundle elements listed for severe sepsis, patient with a diagnosis of **septic shock** must have resuscitation with 30ml/kg crystalloid fluids started within 3 hours of presentation.

A. True  
B. False
3. If severe hypotension does not respond within 6 hours to fluid administration _______________________ should be administered.

A. Different antibiotics
B. Vasopressors

The End