

Skilled Nursing Facility Sepsis Care Kit









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A Look at Sepsis¹

What is sepsis?

The Centers for Disease Control and Prevention (CDC) defines sepsis as the body's extreme response to an infection. It is a life-threatening medical emergency.

Sepsis happens when an infection you already have—in your skin, lungs, urinary tract, or elsewhere—triggers a chain reaction throughout your body.

Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.¹

Who is at risk?

While anyone can get sepsis, certain populations are more at risk than others, including:

- Adults 65 and older.
- People with chronic medical conditions.
- People with weakened immune systems.
- Children younger than one.

Whereas most skilled nursing facility (SNF) residents meet at least one of the abovementioned criteria, it is imperative that SNF residents be screened routinely for sepsis.

What symptoms should I look for?

Sepsis may not look the same in every person. Symptoms can include:

- Confusion or disorientation.
- Fever/shivering/feeling cold.
- Shortness of breath.
- High heart rate.
- Extreme pain or discomfort.
- Clammy/sweaty skin.

If a person has two or more Systemic Inflammatory Response Syndrome (SIRS) criteria and has a confirmed or suspected infection, he or she has screened positive for sepsis. Utilize the tools included in this care kit to act immediately for your residents!

¹ Centers for Disease Control and Prevention (CDC) What Is Sepsis? (2019). https://www.cdc.gov/sepsis/what-is-sepsis.html.





Sepsis Care Pathway for Skilled Nursing Facilities²

Anyone who has an infection is at high risk for sepsis. Potential causes of infection that can lead to sepsis include: pneumonia, pressure ulcers, urinary tract infections, and other chronic conditions.



² CDC. Vital signs and clinical tools. https://www.cdc.gov/vitalsigns/pdf/2016-08-vitalsigns.pdf, https://www.cdc.gov/sepsis/clinicaltools/, https://www.cdc.gov/sepsis/pdfs/factsheet-longterm-care-sepsis-nurses-508.pdf

Stop and Watch: https://pathway-interact.com/wp-content/uploads/2021/08/12-INTERACT-Stop-and-Watch-Early-Warning-Tool-2021.pdf





Skilled Nursing Facility Sepsis Screening Tool³

Resident/Patient Name:			DOB:	
Nurse Completing Screening:		Date/Time:		
1.	Does r	resident/patient meet any of TWO of the following Syster	nic In	flammatory Response Syndrome (SIRS) criteria?
		 Temperature: > 100.4° F or < 96.8° F Heart rate: > 90 beats/minute Respiratory rate: > 20 breaths/minute White blood cell count (WBC): > 12,000 K/mcL OR < 4 	4,000	K/mcL OR > 10% bands
2.		SIRS criteria met?		
		resident/patient have a confirmed OR suspected infection Confusion or altered mental state Poor motor skills/weakness/dizziness/falling Currently on antibiotics Cellulitis/wound drainage Cough/shortness of breath/decreased SpO ₂ Change in urine (amount, color, odor, pain)	n?	Urinary tract infection (UTI) or recent urinary catheter Central line or dialysis catheter Decrease in drinking and/or appetite Recent surgery, trauma, open wound Other:

3. If NO—Stop (screening complete) —> Continue to monitor/Stop and Watch

4. If 2 and 3 are YES, then resident/patient has screened POSITIVE for possible SEPSIS. Continue to screen for severe sepsis below.

5. Are ANY of the following organ dysfunction criteria present that are NOT a chronic condition?

Neurological:	Metabolic:	Pulmonary:
 ANY change in mental status 	Serum lactate> 2.0 mmol/L	 RR > 20 OR need to increase O₂ to maintain SpO₂ > 90%
 Cardiac: Systolic blood pressure (SBP) < 90mmHg Mean arterial pressure (MAP) < 60 mmHg > 40 mmHg decrease in SBP from baseline Capillary refill > 3 seconds 	 Renal: Urine Output < 0.5ml/kg/hr for 2 hours (or < 30 ml/hr for 2 hours) Serum creatinine increased by 0.3gm/dl in past 48 hours 	 Gastrointestinal: Absent bowel sounds Diarrhea
 Hematologic: Platelet count <100,000 INR > 1.5 or PTT > 60 seconds 	 Hepatologic: Total bilirubin > 4mg/d 	

- 6. If NO, then complete Sepsis SBAR, and call MD to inform of positive sepsis screening and implement sepsis guidelines. Continue to assess/monitor for severe sepsis.
- 7. If YES, the resident/patient has screened POSITIVE for SEVERE SEPSIS. Complete Sepsis SBAR and call MD to inform of positive severe sepsis screening and prepare for transfer to acute care setting.

³ Gyang E, Shieh L, et al. A Nurse-Driven Screening Tool for the Early Identification of Sepsis in an Intermediate Care Unit Setting. J Hosp Med, 2015, Feb. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4816455/

INTERACT. https://pathway-interact.com/wp-content/uploads/2021/08/15-INTERACT-SBAR-Communication-Form-2021.pdf





Skilled Nursing Facility (SNF)

Situation-Background-Assessment-Recommendation (SBAR) for Sepsis⁴

Communicate immediately with attending provider when a resident/patient screens positive for sepsis.

SITUATION:

______has screened positive for sepsis. He/she has met two or more of the following Systemic Inflammatory Response Syndrome (SIRS) criteria and has a confirmed or suspected source of infection.

Two or more SIRS criteria met (check all that apply):

- \Box Temperature: > 100.4° F or < 96.8° F
- □ Heart rate: > 90 beats/minute
- □ Respiratory rate: > 20 breaths/minute
- □ White blood cell count (WBC): > 12,000 K/mcL OR < 4,000 K/mcL OR > 10% bands

Infection is confirmed or suspected (check all that apply):

- □ Confusion or altered mental state
- □ Poor motor skills/weakness/dizziness/falling
- □ Currently on antibiotics
- □ Cellulitis/wound drainage
- □ Cough/shortness of breath/decreased SpO₂
- □ Change in urine (amount, color, odor, pain)

- Urinary tract infection (UTI) or recent urinary catheter
- □ Central line or dialysis catheter
- □ Decrease in drinking and/or appetite
- □ Recent surgery, trauma, open wound
- □ Other: _____

BACKGROUND:

Resident/patient was admitted to SNF with: _	
Allergies:	
Pertinent lab values:	

Advance directives: _____

ASSESSMENT:

Resident's/patient's menta	I status compared to	baseline is: normal/abnorma
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Temperature:	Pulse:	Respiration:	Blood Pressure:
•			

SpO₂: _____ Urine output: _____ mL/hour or _____ mL over the last 8 hours

Most recent weight: _____ kg

RECOMMENDATIONS:

- 1. Request STAT orders for lactate level and blood cultures (x2).
- 2. Request orders for broad spectrum antibiotic(s) and 30mL/kg of normal saline or lactated ringers with rapid infusion.
- 3. Consider transfer to an acute care facility based on resident/patient presentation and response to interventions.
 - a. Complete SNF to Emergency Department (ED) Transfer Form.

⁴ Dellinger RP, Levy MM, Rhodes A, et al. Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock: 2012. Critical Care medicine. 2013;41(2): 580-637.

Dinger M, Deutschman, CS Seymour CW, et al. The third international consensus definitions for sepsis and septic shock: 2016. JAMA. 2016;315(8): 801-810.doi:10.1001/jama.2016.0287.





SEPSIS SUSPECTED

Skilled Nursing Facility (SNF) to Emergency Department (ED) Transfer Handoff Form⁵

SNF/Facility:	Date:
SNF Contact Person:	Time First Criteria Met:
Patient Name:	DOB:
Advance Directive:	
Comorbidities:	
Check all that apply: Two or more Systematic Inflammatory Response Syndrome 6-hour window	(SIRS) criteria AND infection confirmed/suspected within a
 Two or more SIRS criteria have been met: Temperature: > 100.4° F or < 96.8°F Heart Rate: > 90 beats/minute Respiratory Rate: > 20 breaths/minute White blood cell count (WBC): > 12,000 K/mcL OR < 4 	4,000 K/mcL <mark>OR</mark> > 10% bands
Infection is confirmed or suspected:Confusion or altered mental statePoor motor skills/weakness/dizziness/fallingCurrently on antibioticsCellulitis/wound drainageCough/shortness of breath/decreased SpO2Change in urine (amount, color, odor, pain)	 Urinary tract infection (UTI) or recent urinary catheter Central line or dialysis catheter Decrease in drinking and/or appetite Recent surgery, trauma, open wound Other:
Fluids and/or Antibiotics	Started at SNF
FLUIDS	ANTIBIOTICS

FLUIDS	ANTIBIOTICS
Type of fluid:	Antibiotics given:
Time started:	Time given:
Amount given:	

Other pertinent information:

⁵ CDC. Vital signs and clinical tools. https://www.cdc.gov/vitalsigns/pdf/2016-08-vitalsigns.pdf, https://www.cdc.gov/sepsis/clinicaltools/, https://www.cdc.gov/sepsis/pdfs/factsheet-longterm-care-sepsis-nurses-508.pdf

Cleveland Clinic. Sepsis Warning Transfer Log.







My Plan to Identify Infection and/or Sepsis

Name

Date

Green Zone: No Signs of Infection

- My heartbeat and breathing feel normal for me.
- I don't have chills or feel cold.
- ✓ My energy level is normal.
- ✓ I can think clearly.
- Any wound or IV site I have is healing well.

Yellow Zone: Caution

- My heartbeat feels faster than usual.
- My breathing is fast, or I'm coughing
- ✓ I have a fever between 100.0°F and 101.4°F.
- I feel cold and am shivering—I can't get warm.
- My thinking is slow—my head is "fuzzy."
- I don't feel well—I'm too tired to do things.
- I haven't urinated in 5 hours or it's painful or burning when I do.
- Any wound or IV site I have looks different.

Red Zone: Medical Alert!

- ✓ I feel sick, very tired, weak, and achy.
- ✓ My heartbeat or breathing is very fast.
- ✓ My temperature is 101.5°F or greater.
- ✓ My temperature is below 96.8°F.
- ✓ My fingernails are pale or blue.
- People say I'm not making sense.
- My wound or IV site is painful, red, smells, or has pus.



Green Means I Should:

- ✓ Watch every day for signs of infection.
- Continue to take my medicine as ordered, especially if I'm recovering from an infection or illness.
- ✓ Keep my doctor and other appointments.
- Follow instructions if I'm caring for a wound or IV site.
- Wash my hands and avoid anyone who is ill.

Yellow Means I Should:

- Contact my doctor, especially if I've recently been ill or had surgery.
- Ask if I might have an infection or sepsis.

Physician Contact:

Doctor: _____

Phone: _____

Red Means I Must:



 Call 9-1-1 and say, "I need to be evaluated immediately. I'm concerned about sepsis."

Journal of the American Medical Association (JAMA) Network, JAMA Patient Page: Sepsis. October 2010. Available at: https://jamanetwork.com/journals/jama/fullarticle/186795. Accessed on June 8, 2018.

Centers for Disease Control and Prevention. Sepsis. Basic Information. How Can I Get Ahead of Sepsis? Available at: https://www.cdc.gov/sepsis/basic/index.html. Accessed on June 8, 2018. Mayo Clinic. Mayo Foundation for Medical Education and Research: Disease Conditions Information: Sepsis. Available at: https://www.mayoclinic.org/diseases-conditions/sepsis/symptomscauses/syc-20351214?p=1. Accessed on June 8, 2018. The Sepsis Alliance. General Information and Resources. Sepsis Symptoms. Available at: https://www.sepsis.org. Accessed on June 8, 2018.

Adapted from "Evaluation for Severe Sepsis Screening Tool" https://www.journalofhospitalmedicine.com/jhospmed/article/128173/severe-sepsis-screening-tool

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Additional Resources

Centers for Disease Control and Prevention: Sepsis?

- <u>https://www.cdc.gov/sepsis/what-is-sepsis.html</u>
- https://www.cdc.gov/sepsis/pdfs/factsheet-longterm-care-sepsis-nurses-508.pdf
- <u>https://www.cdc.gov/sepsis/clinicaltools/</u>
- https://www.cdc.gov/vitalsigns/pdf/2016-08-vitalsigns.pdf

Centers for Disease Control and Prevention: Nursing Homes and Assisted Living Resources

<u>https://www.cdc.gov/longtermcare/index.html</u>

INTERACT (Interventions to Reduce Acute Care Transfers)

- <u>https://pathway-interact.com/wp-content/uploads/2021/08/12-INTERACT-Stop-and-Watch-Early-Warning-Tool-2021.pdf</u>
- <u>https://pathway-interact.com/wp-content/uploads/2021/08/15-INTERACT-SBAR-Communication-Form-2021.pdf</u>

Merck Manual

<u>https://www.merckmanuals.com/professional/critical-care-medicine/sepsis-and-septic-shock/sepsis-and-septic-shock</u>

Minnesota Hospital Association—Seeing Sepsis Tools

<u>https://www.mnhospitals.org/quality-patient-safety/quality-patient-safety-improvement-topics/sepsis#/videos/list</u>

Surviving Sepsis Campaign

<u>http://survivingsepsis.org/Pages/default.aspx</u>

Sepsis Alliance

<u>https://www.sepsis.org/</u>