

Could it be Sepsis?

Assessing critical care nurses' knowledge of sepsis recognition and current management recommendations.



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Introduction

Sepsis identification and management across all acute settings is key to early intervention and improved outcomes.

Critical care nurses play an essential role in early detection and management of sepsis. However, identifying signs of sepsis can prove challenging in an environment where many of the normal signs of sepsis may be masked by the patients underlying illness or the effects of therapy being delivered.

The aim of this study was to assess current knowledge of local and national sepsis management guidelines within a critical care unit.

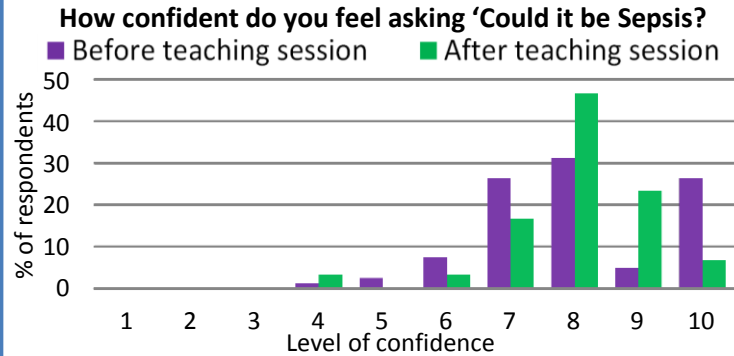
Method

- During early 2018, 80 critical care staff were anonymously surveyed to assess their awareness of current sepsis indicators, terminology and protocols.

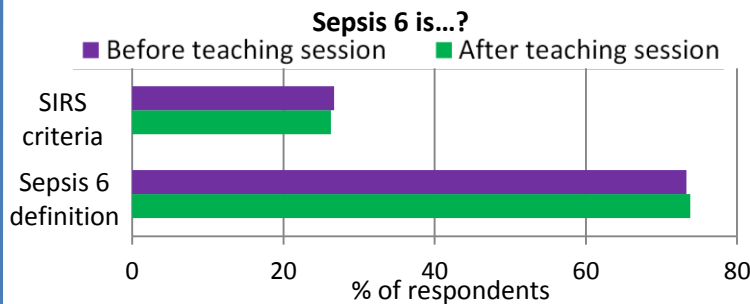
- Following analysis of the results, an education intervention strategy was developed consisting of short focussed teaching sessions delivered in the clinical environment.

- 70 Staff attended the teaching and were then asked to complete a second survey to gauge the efficacy of the sepsis education. The response rate was 42%.

Results



Following teaching nurses felt more confident asking 'Could it be Sepsis?' with 14% more rating their confidence at 8 or above.

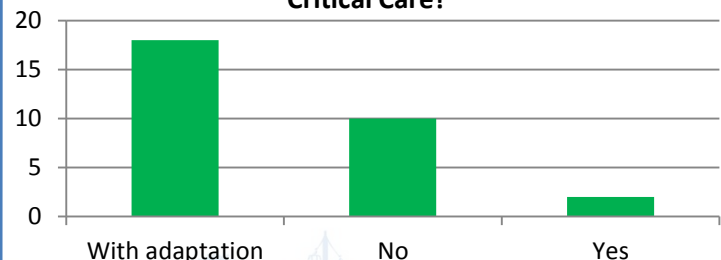


Prior to teaching, there was confusion around the definition of 'Sepsis 6'. 26% stated that Sepsis 6 refers to the SIRS criteria which trigger the pathway, rather than the '3 in : 3 out' management approach. This formed part of the education package, however those surveyed after teaching remained confused around this term, with 26% again answering incorrectly.

Conclusions & Key Points

- On going training is required to keep staff up to date with current protocols and to remind them of key triggers for considering sepsis. This will enable staff to feel more confident to challenge colleagues not following current best practice.
- Correcting preconceived ideas within a teaching session is challenging and may require more than one approach.
- Consideration should be given to a Critical Care specific proforma – as underlying illness or required medical intervention can result in abnormal clinical findings.

Is NEWS an appropriate part of the proforma within Critical Care?



Staff were also asked about the elements of the Sepsis Proforma, and its appropriateness within ACCU. There was a strong feeling that using NEWS criteria as a trigger within critical care is not appropriate in its current form.