

Recognise sepsis in the emergency department

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Objective:

In the UK alone, 245,000 people are affected by sepsis with at least 48,000 people losing their lives in sepsis-related illnesses every year. Yet, for many patients, with early diagnosis it is easily treatable. The UK sepsis trust developed a sepsis screening and action tool which helps clinicians screen for and identify possible sepsis.

We conducted a Quality improvement project as an audit showed compliance with the sepsis screening and action tool was 20%. Our problem statement was many patients presenting to RDH ED with suspected sepsis will not be screened for sepsis via the sepsis screening and action tool. This may lead to delays or noncompliance to the sepsis 6 pathway which effectively will lead to morbidities in this patient population. Our rationale for was improving the recognition of sepsis via the standardised sepsis screening and action tool will help raise the awareness and assure early recognition of septic patients in ED.

Design:

We assembled a QI team ranging from nursing staff, doctors, ACP's. We used four separate PDSA cycles over the course of 9 months. Use of a structured method which is commonly used to test changes as part of an improvement initiatives. It enabled the team to thoroughly and efficiently test and evaluate your ideas for change and involves four steps.

Results:

Compliance at the start was 20 %, we managed through 4 PDSA cycles to improve the compliance to 60%. We further broke the action tool down to further asses which components to focus on. These were individual elements on the tool.

Antibiotics given in one hour improved from 82% to 100 %, blood cultures taken from 65% to 95%, target sats and blood gas/lactate level was constant 100% and remained 100%. Although documentation of input/output charting was 10% at the start of the project and 30% at the end.

Conclusion:

Improvement of the compliance to the sepsis screening and action tool from 20% to 60%, which in turn improved one-hour antibiotics, blood cultures taken, fluids prescribed which effectively improved the identification and treatment of patients with suspected sepsis in our emergency department.