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Timely Interventions in Patients Developing Sepsis within the PICU

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Timely Interventions in Patients Developing Sepsis within the PICU

Graduate Nurse Residents PICU Winter Cohort 2018

Lindsey Bloom, Ashley Bramel, Kelsey Cumpton,
Christopher Damrat, Emily Lingo, Grace Sexton, & Breton Struble



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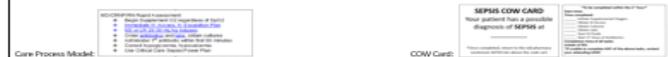
A3 for Problem Solving

Focus: Timely Interventions in Patients Developing Sepsis within the PICU	Owner: Nurse Residency Program	Date: 9/30/2018	Date Approved: 11/7/2018
A3 Team: Lindsey Bloom, Ashley Bramel, Kelsey Cumpton, Chris Damrat, Emily Lingo, Grace Sexton, & Breton Struble		Department Director Signature:	KT Scholar: Jessica Youmans QIC: Charity Thompson

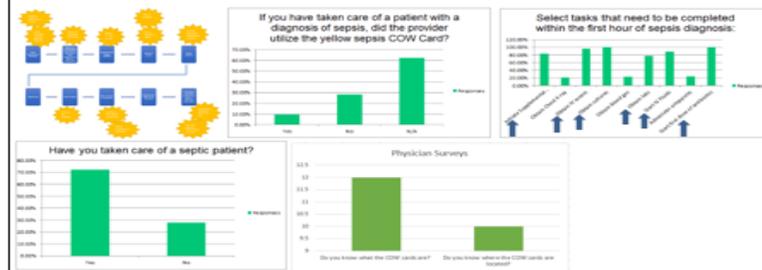
Clarify the Problem

A literature review completed by Jerrad Decker with Evidence-Based Practice (EBP) found education via simulation, instituting a nurse driven care bundle, and sepsis education have been found to improve time to IV fluids and antibiotics in septic patients (Drauce et al., 2015; Kurner et al., 2015; Mathew et al., 2016; Clever et al., 2016; Truong et al., 2016). The Children's Mercy Sepsis Collaborative Workgroup with the assistance of the IDP Department have created Care Process Models (CPM) and order sets to help standardize the care of septic patients. Looking at patients developing sepsis within the PICU the median time to fluids from Clinically Derived Time Zero is 120 minutes & the median time from antibiotic order to administration is 72 minutes. Both medians are above the target range of <60 minutes set by the CPN.

The Summer 2017 Nurse Resident Cohort ended their PICU sepsis project with the development of a Computer on Wheels (COW) card which went live on 7/16/18. The COW card is to be initiated by a physician and then passed to the nurse caring for the patient to help ensure the rapid assessment portion of the CPM is completed within 60 minutes of diagnosis. On average the PICU has 4 patients develop sepsis each month and as of 8/7/18 no COW Cards have been completed.



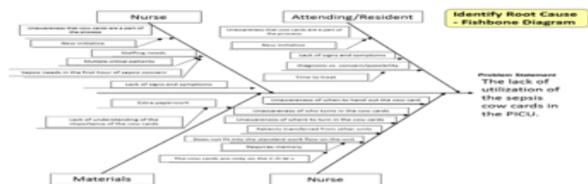
Break Down the Problem



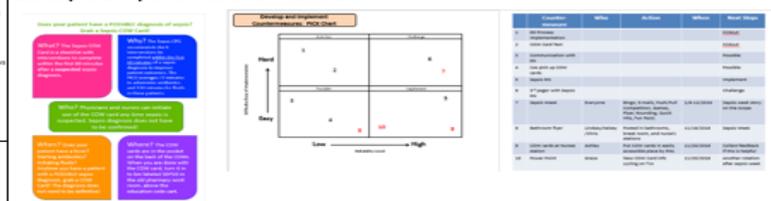
Set a Target

Our goal is to collect sepsis COW cards to better communicate among the team to ensure the treatment tasks are completed within the first hour, which will be evidenced by collecting 4 cards by 2/2/19. This QI initiative will ultimately translate into improved outcomes in septic patients in the PICU.

Identify Root Cause



Develop and Implement Countermeasures



Check Results and Process



Standardize and Follow Up

- The Children's Mercy Hospital's Sepsis Collaborative Workgroup, PICU Intensivists, NINs, and KT scholar Jessica Youmans will continue to track time to antibiotics and fluids within the unit to determine if changes need to be made to the current process.
- Cow cards are revised to reflect our time zero as the PICU admission—all specified interventions must be completed within the first hour after admission to the PICU.
- The next group of Nurse Residents will focus on promoting the revised COW card, and implementing a designated Sepsis RN in the PICU.



Clarify the Problem

- Literature review
- Care Process Models (CPM)
- PICU median time to interventions from Clinically Derived time Zero
 - 110 minutes for fluid administration
 - 72 minutes for antibiotic administration

MD/CRNP/RN Rapid Assessment

- ❖ Begin Supplement O2 regardless of SpO2
- ❖ Immediate IV Access, IV Escalation Plan
- ❖ NS or LR 20-30 mL/kg boluses
- ❖ Order antibiotics and labs, obtain cultures
- ❖ Administer 1st antibiotic within first 60 minutes
- ❖ Correct hypoglycemia, hypocalcemia
- ❖ Use Critical Care Sepsis Power Plan

Sepsis COW Card

- The Summer 2017 Nurse Resident Cohort ended their PICU Sepsis project with the development of a Computer on Wheels (COW) card which went live on 7/16/18
- On average the PICU has 4 patients develop sepsis each month and as of 8/7/18 no COW Cards had been completed

Your patient was
diagnosed with
SEPSIS at

To be Completed in the 1st Hour

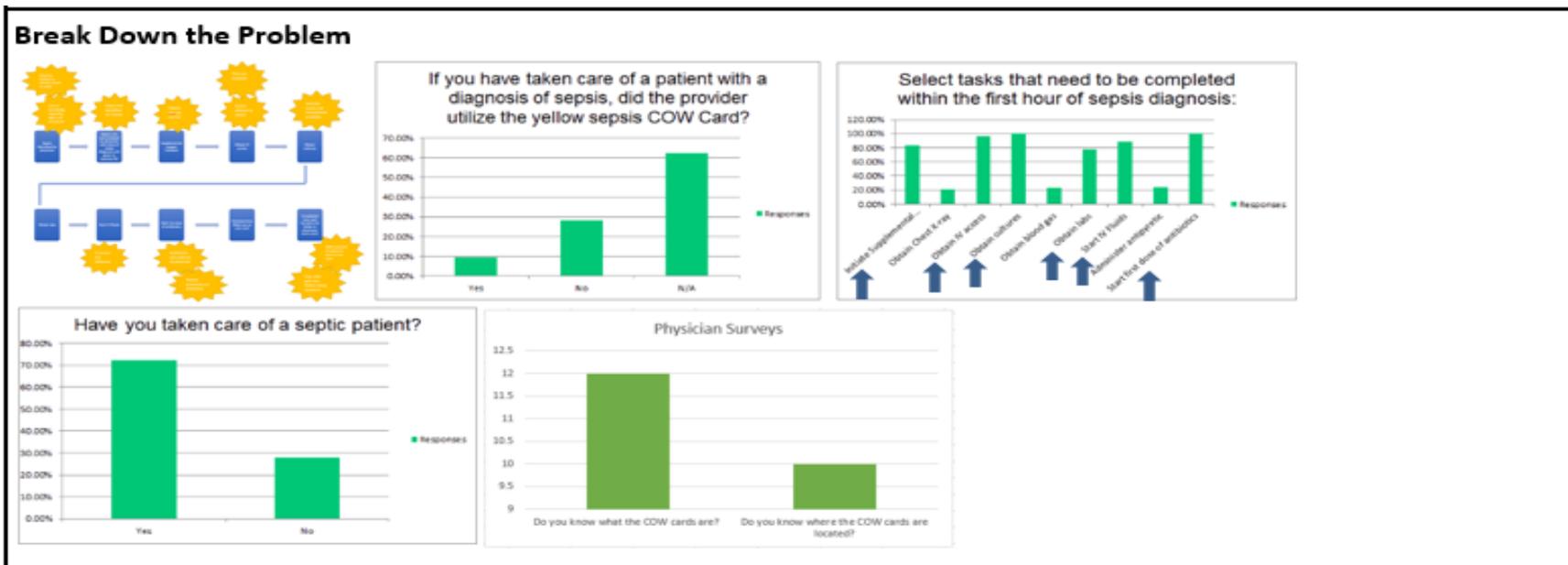
Start Time:

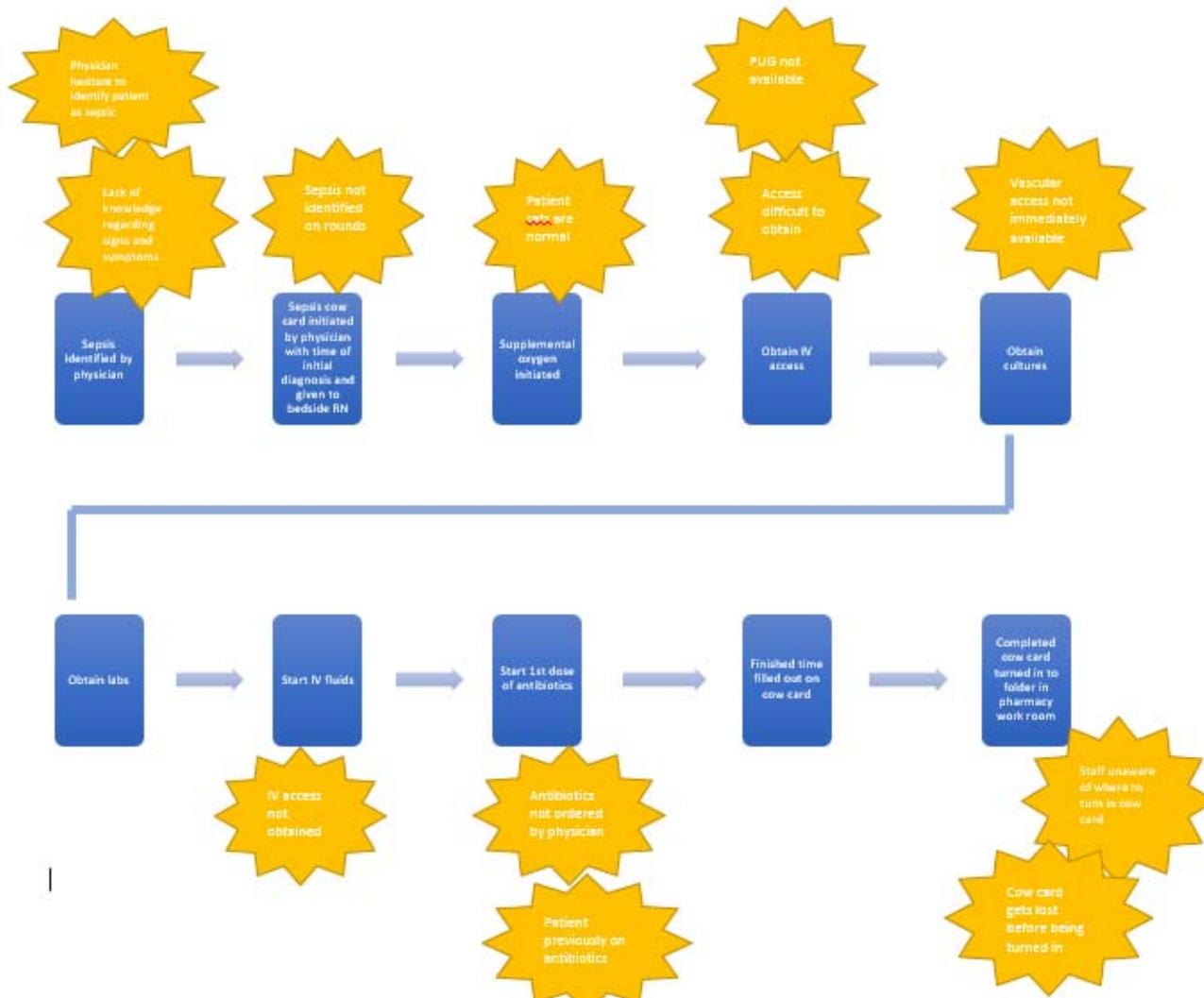
- Initiate Supplemental Oxygen
- Obtain IV Access
- Obtain Cultures
- Obtain Labs
- Start IV Fluids
- Start 1st Dose of Antibiotics

Completion Time:

Initials of RN:

Breakdown the Problem

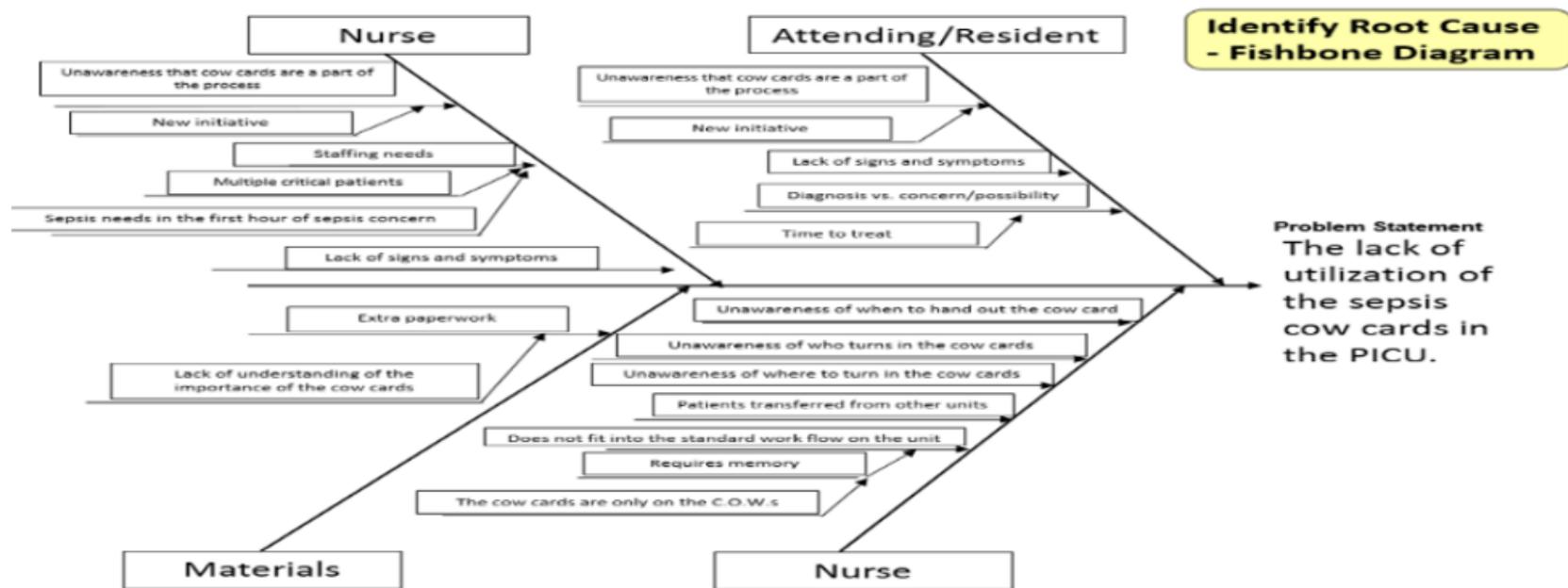




Set a Target

- As of 09/10/18, 0 cards have been collected. Our goal is to collect sepsis COW cards to better communicate among the team to ensure the treatment tasks are completed within the first hour, which will be evidenced by collecting 4 cards by 02/01/19.

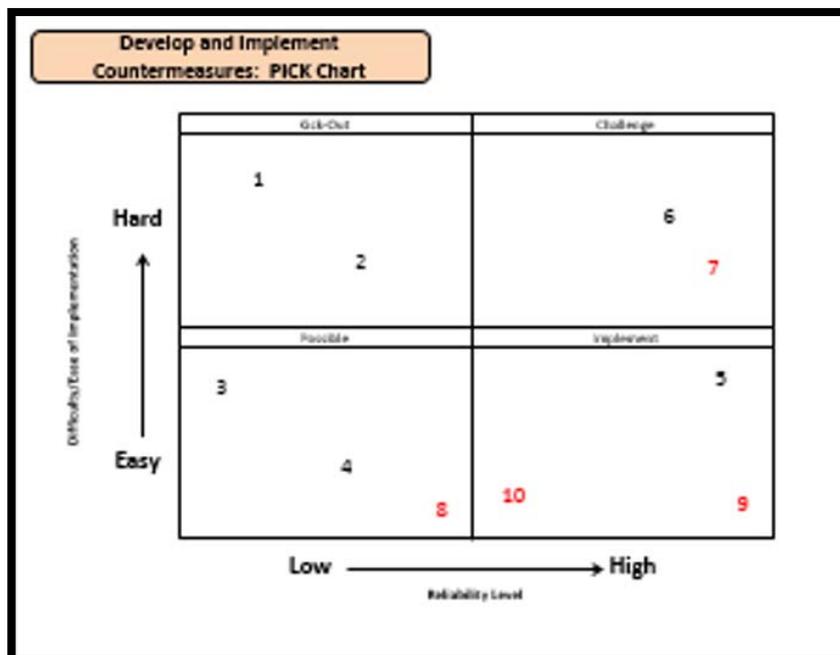
Identify Root Cause



Identify Root Cause

- Unaware that COW cards are part of the process by both the bedside nurse and the attending and/or resident.
- Unaware of where to turn in the COW cards

Develop and Implement Countermeasures



1	ED Process Implementation
2	COW Card Text
3	Communication with ED
4	CAs pick up COW cards
5	Sepsis RN
6	3 rd pager with Sepsis RN
7	Sepsis Week
8	Bathroom flyer
9	COW cards at Nurses station
10	Power Point

Sepsis Week 2019

NACHOS! **PUSH PULL COMPETITIONS!** **PRIZES!**

SEPSIS WEEK

Jan. 6th – 12th

DAILY BINGO! **PRIZES!** **NACHOS!**

Does your patient have a POSSIBLE diagnosis of sepsis?
Grab a Sepsis COW Card!

What? The Sepsis COW Card is a checklist with interventions to complete within the first 60 minutes after a suspected sepsis diagnosis.

Why? The Sepsis CPG recommends the 6 interventions be completed within the first 60 minutes of a sepsis diagnosis to improve patient outcomes. The PICU averages 77 minutes to administer antibiotics and 110 minutes for fluids in these patients.

Who? Physicians and nurses can initiate use of the COW card any time sepsis is suspected. Sepsis diagnosis does not have to be confirmed!

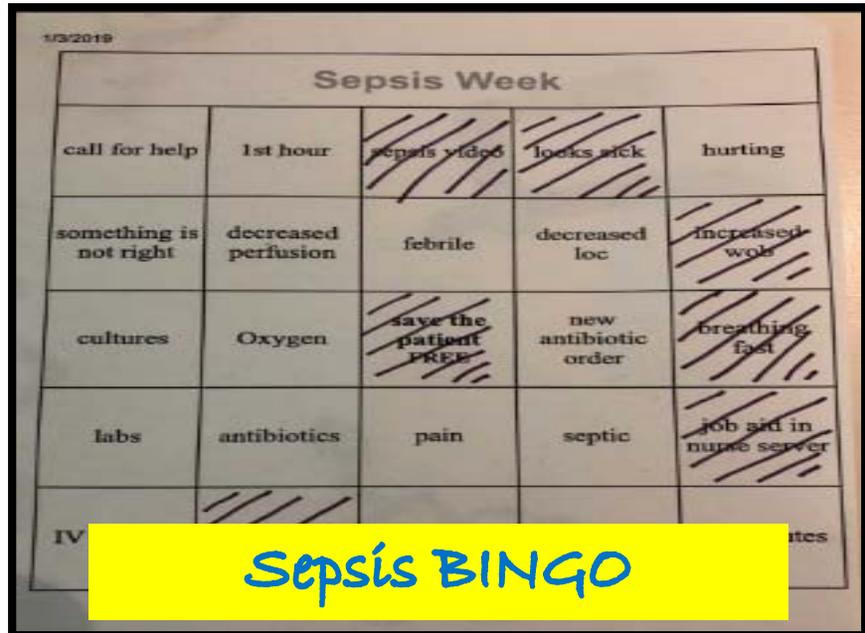
When? Does your patient have a fever? Starting antibiotics? Initiating fluids? Anytime you have a patient with a POSSIBLE sepsis diagnosis, grab a COW Card! The diagnosis does not need to be definitive!

Where? The COW cards are in the pocket on the back of the COWs. When you are done with the COW card, turn it in to bin labeled SEPSIS in the old pharmacy work room, above the education code cart.

Sepsis Week 2019



Push-Pull Competition



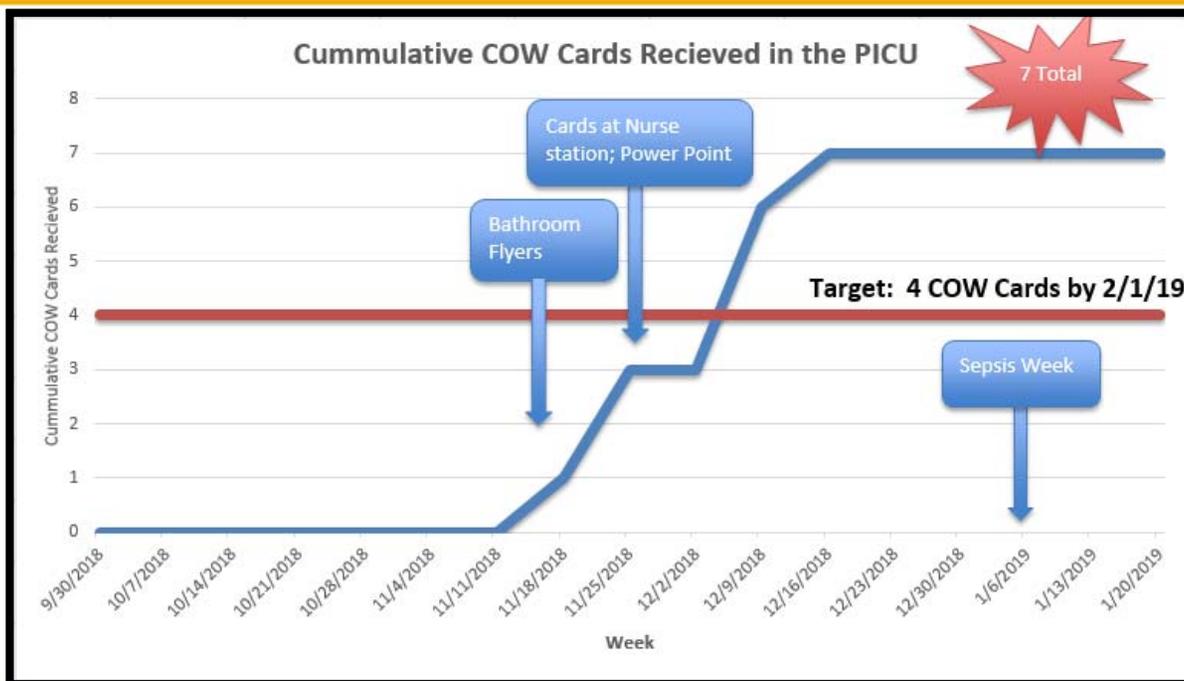
Sepsis BINGO

Countermeasures

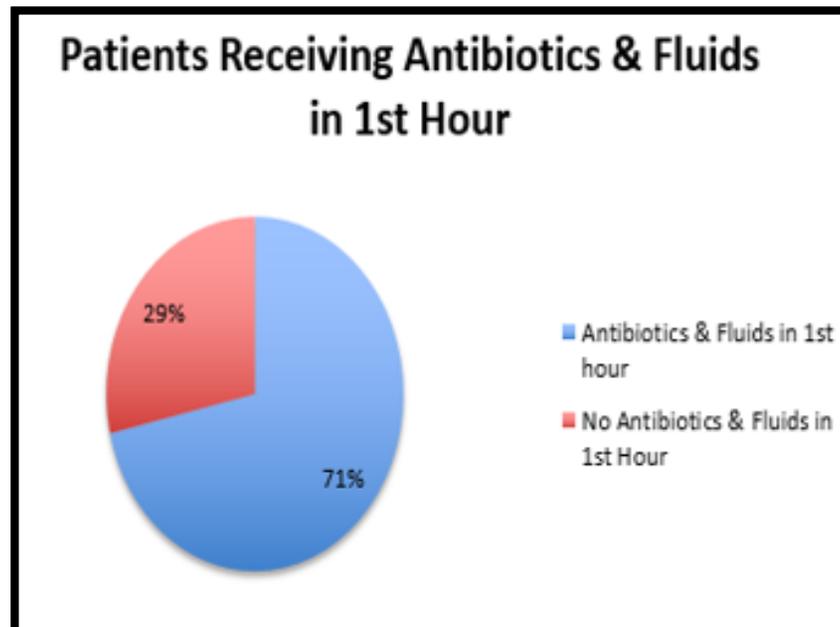
- Revised Sepsis COW Card

<p>SEPSIS COW CARD</p> <p>Your patient has a possible diagnosis of SEPSIS at</p> <p>_____</p> <p>*Once completed, return to the old pharmacy workroom SEPSIS bin above the code cart</p>
<p>*To be completed within the 1st hour*</p> <p>Start Time:</p> <p>Time completed:</p> <p>_____ Initiate Supplemental Oxygen</p> <p>_____ Obtain IV Access</p> <p>_____ Obtain Cultures</p> <p>_____ Obtain Labs</p> <p>_____ Start IV Fluids</p> <p>_____ Start 1st Dose of Antibiotics</p> <p>Completion time of all tasks:</p> <p>Initials of RN:</p> <p>*If unable to complete ANY of the above tasks, contact your attending ASAP.</p>

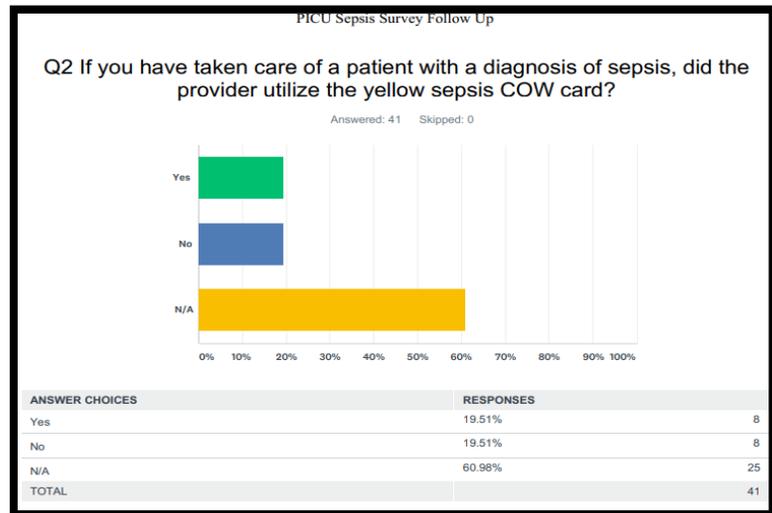
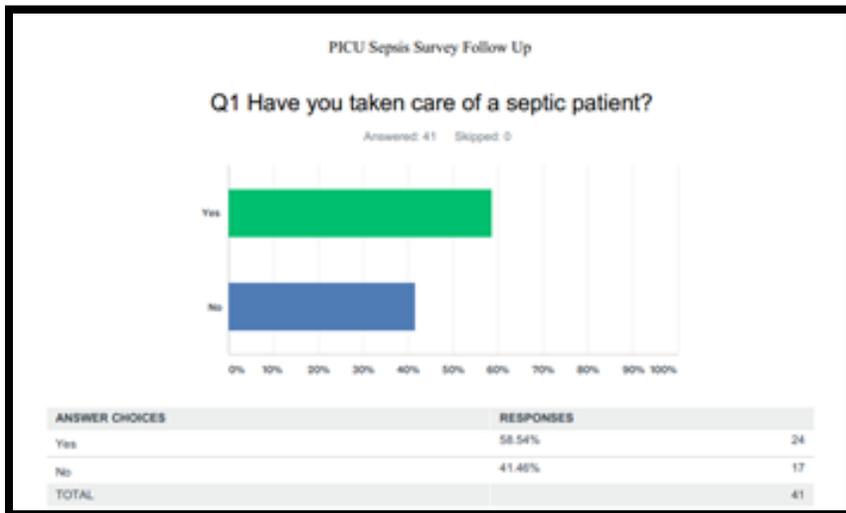
Check Results and Process



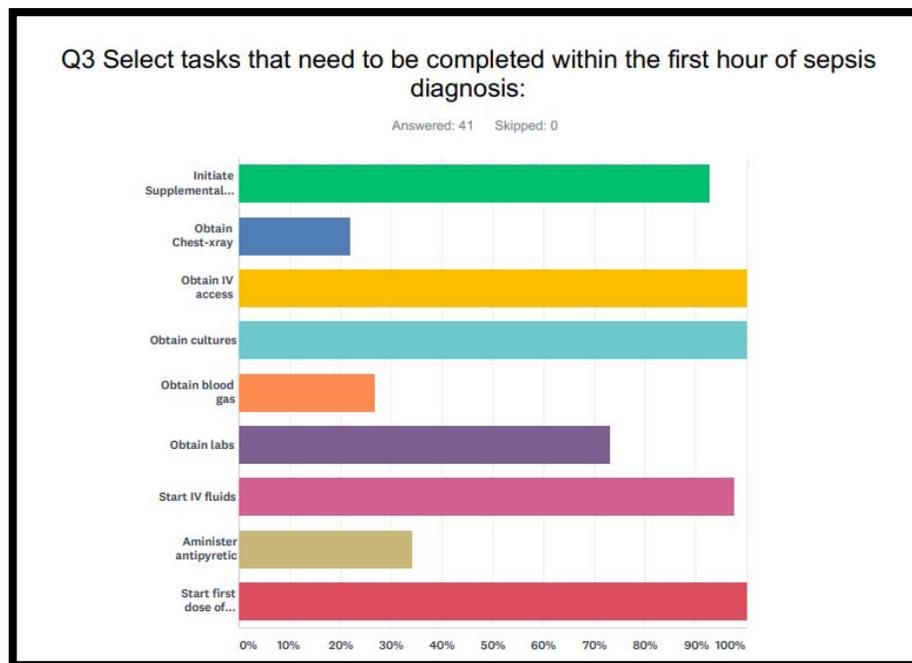
Check Results and Process



Check Results and Process



Check Results and Process



Standardize and Follow Up

- COW Cards were revised
- Continuing to improve sepsis interventions in the PICU
- The next group of Nurse Residents will focus on promoting the revised COW Card, and implementing a designated Sepsis RN in the PICU.

SEPSIS COW CARD
Time of PICU admission OR
possible sepsis diagnosis:

*Once completed, return to the old pharmacy
workroom SEPSIS bin above the code cart

To be completed within the 1st hour

Start time:
³Admitted to PICU and/or interventions were started

Time completed:

_____ Initiate Supplemental Oxygen
_____ Obtain IV Access
_____ Obtain Cultures
_____ Obtain Labs
_____ Start IV Fluids
_____ Start 1st Dose of Antibiotics

Completion time of all tasks:
Initials of RN:
*If unable to complete ANY of the above tasks, contact your
attending ASAP.

References

- Alberto, L., Marshall, A., Walker, R., & Aitken, L. (2017). Screening for sepsis in general hospitalized patients: a systematic review. *Journal of Hospital Infection*, 96(4), 305-315.
- Bruce, H. R., Maiden, J., Fedullo, P. F., & Kim, S. C. (2015). Impact of nurse-initiated ED sepsis protocol on compliance with sepsis bundles, time to initial antibiotic administration, and in-hospital mortality. *Journal of Emergency Nursing*, 41(2), 130-137.
- Dellinger, R. P., Levy, M. M., Rhodes, A., Annane, D., Gerlach, H., Opal, S. M., . . . Jaeschke, R. (2013). Surviving Sepsis Campaign: international guidelines for management of severe sepsis and septic shock, 2012. *Intensive care medicine*, 39(2), 165-228.
- Drahnak, D. M., Hravnak, M., Ren, D., Haines, A. J., & Tuite, P. (2016). Scripting nurse communication to improve sepsis care. *Medsurg Nursing*, 25(4), 233.
- Kleinpell, R. (2017). Promoting early identification of sepsis in hospitalized patients with nurse-led protocols: BioMed Central.
- Kumar, P., Jordan, M., Caesar, J., & Miller, S. (2015). Improving the management of sepsis in a district general hospital by implementing the'Sepsis Six'recommendations. *BMJ Open Quality*, 4(1), u207871. w204032.
- Mattison, G., Bilney, M., Haji-Michael, P., & Cooksley, T. (2016). A nurse-led protocol improves the time to first dose intravenous antibiotics in septic patients post chemotherapy. *Supportive Care in Cancer*, 24(12), 5001-5005.
- McCaffery, M., Onikoyi, O., Rodrigopulle, D., Syed, A., Jones, S., Mansfield, L., & Krishna, M. G. (2016). Sepsis-review of screening for sepsis by nursing, nurse driven sepsis protocols and development of sepsis hospital policy/protocols.

References Cont.

- Qian, J., Wang, Y., Zhang, Y., Zhu, X., Rong, Q., & Wei, H. (2016). A survey of the first-hour basic care tasks of severe sepsis and septic shock in pediatric patients and an evaluation of medical simulation on improving the compliance of the tasks. *The Journal of emergency medicine, 50*(2), 239-245.
- Rhodes, A., Evans, L. E., Alhazzani, W., Levy, M. M., Antonelli, M., Ferrer, R., . . . Nunnally, M. E. (2017). Surviving sepsis campaign: international guidelines for management of sepsis and septic shock: 2016. *Intensive care medicine, 43*(3), 304-377.
- Systemic Inflammatory Response Syndrome (SIRS) and sepsis in children: Definitions, epidemiology, clinical manifestations, and diagnosis. (n.d.) Retrieved July 3, 2018, from Chronic suppurative otitis media (CSOM): Prevention, treatment, and complications. (n.d.) Retrieved July 07, 2016, from http://www.uptodate.com/contents/chronic-suppurative-otitis-media-csom-prevention-treatment-prognosis-and-complications?source=see_link
- Tromp, M., Hulscher, M., Bleeker-Rovers, C. P., Peters, L., van den Berg, D. T., Borm, G. F., . . . Pickkers, P. (2010). The role of nurses in the recognition and treatment of patients with sepsis in the emergency department: a prospective before-and-after intervention study. *International journal of nursing studies, 47*(12), 1464-1473.

Questions

