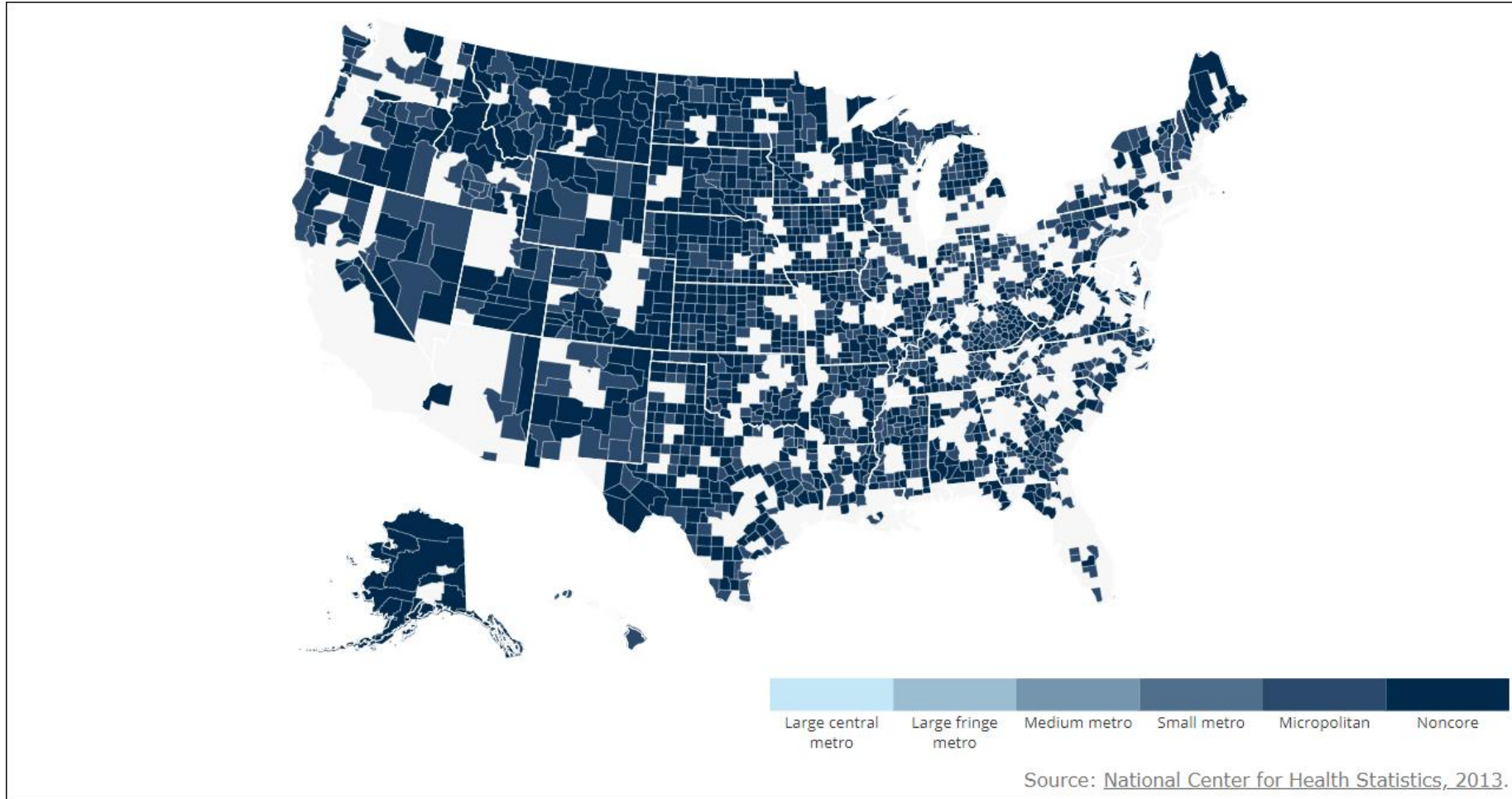


Rural Sepsis: Challenges & Solutions

Objectives

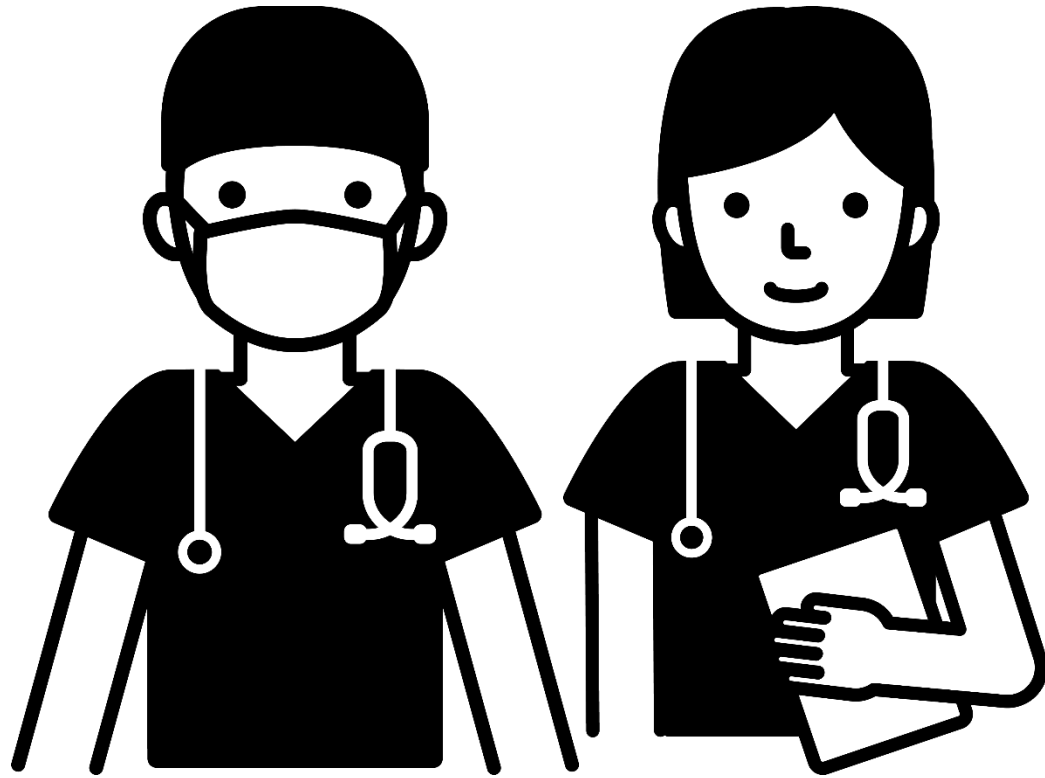
- Understand challenges inherent to resource-limited, rural and critical access hospitals for treating patients with sepsis.
- Describe the overall role these hospitals play in delivering sepsis care.
- Describe some strategies to improve outcomes for the sepsis patient in smaller, rural hospital settings.

Rural America



Rural sepsis

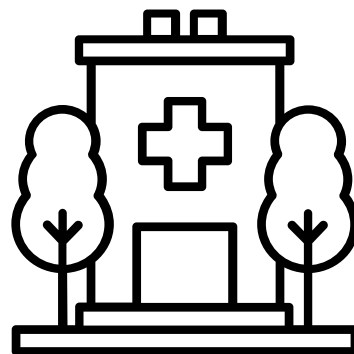
SOME CHALLENGES



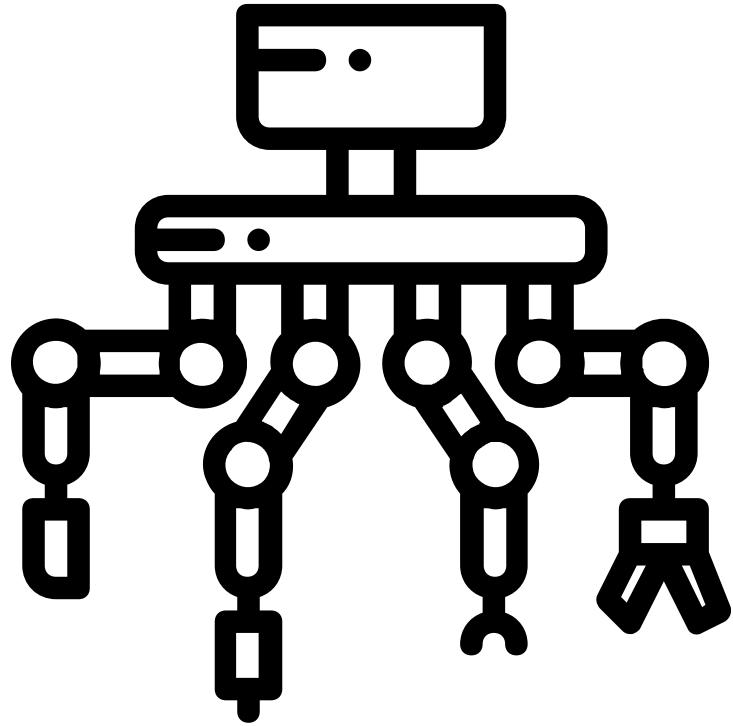
SMALLER STAFF



PEOPLE WEAR MULTIPLE HATS



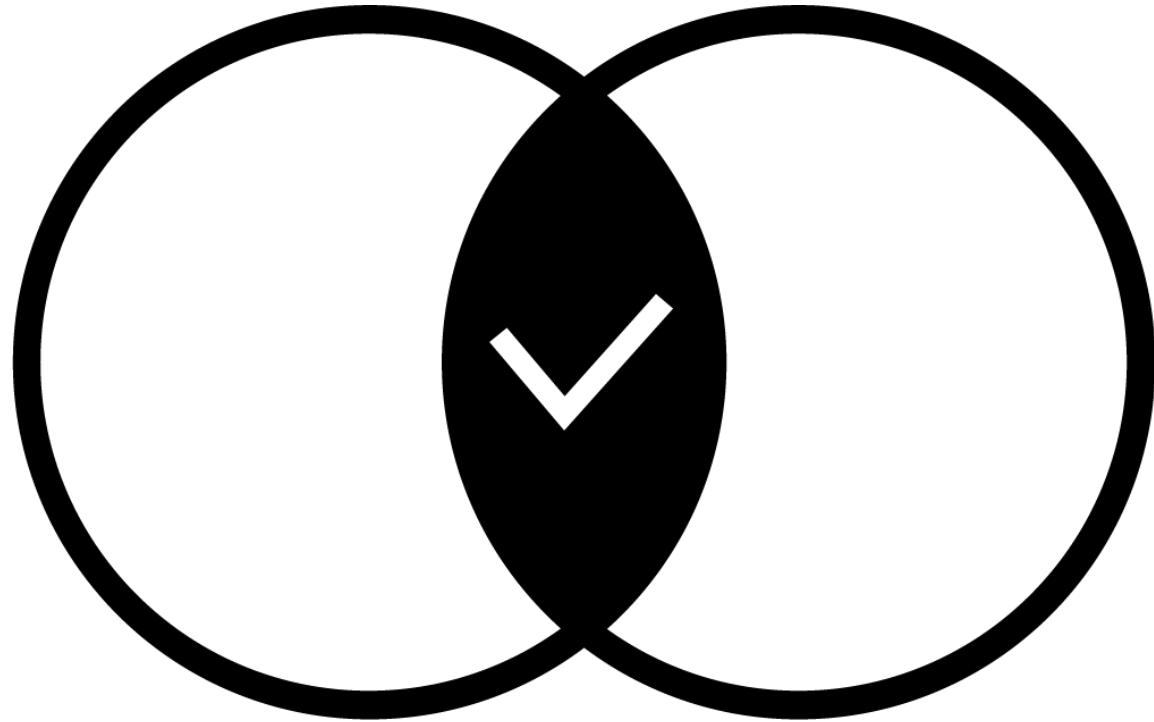
LAND LOCKED



TECHNOLOGY

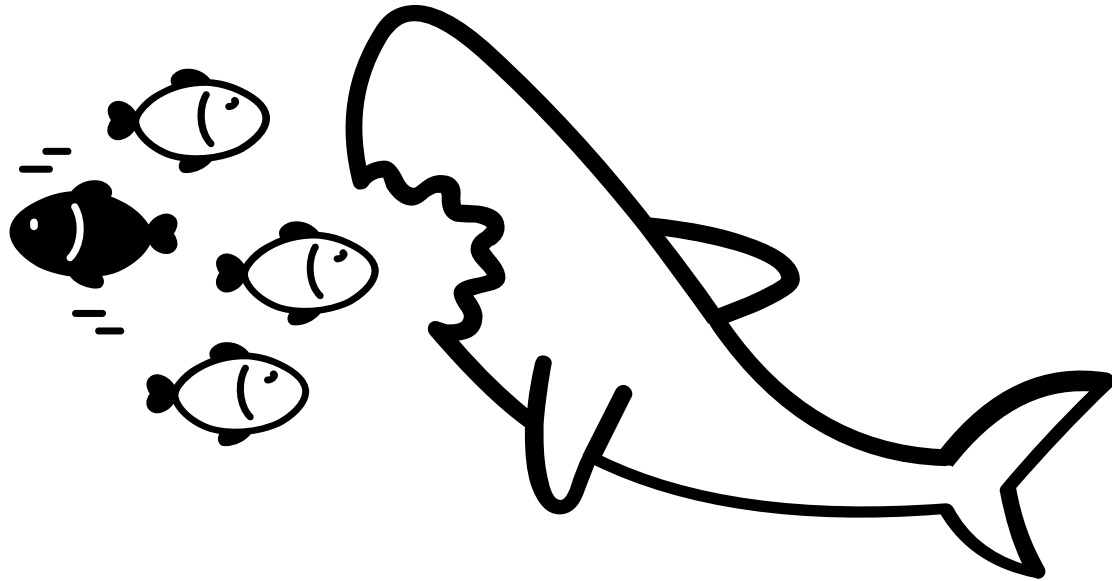
Rural sepsis

SOME SOLUTIONS



**START WITH
COMMON
GROUND**

**FIND SMALL
WINS**



**EMBRACE
YOUR
DIFFERENCES**

**USE THEM TO
YOUR
ADVANTAGE**

Code Sepsis Checklist

↓ START ↓

Code Sepsis Criteria

Suspected infection, plus any **two** of the following:

- Temp irregularity (≥ 100.4 , ≤ 96.8 , or rigors)
- HR > 90
- RR > 20
- Hypotension (SBP < 90 or MAP < 65)
- Acutely altered mental status
- WBC $> 12k$, $< 4k$, or $> 10\%$ bands

Plus \geq **two** of the following (qSOFA):

- GCS < 15 (acutely altered)
- RR ≥ 22
- Hypotension (SBP ≤ 100 mmHg)

Core Measures

Within 1 hour

- Measure lactate level
- Obtain blood cultures *prior* to administration of antibiotics
- Administer broad-spectrum antibiotics
- Administer ≥ 30 mL/kg crystalloid for hypotension or for lactate above normal lab limits

Within 3 hours

- Apply vasopressors for hypotension that does not respond to initial crystalloid bolus to maintain a MAP > 65
- If hypotension or initial elevated lactate, re-assess volume status and tissue perfusion
- Re-measure lactate if initial level was elevated

To Calculate MAP

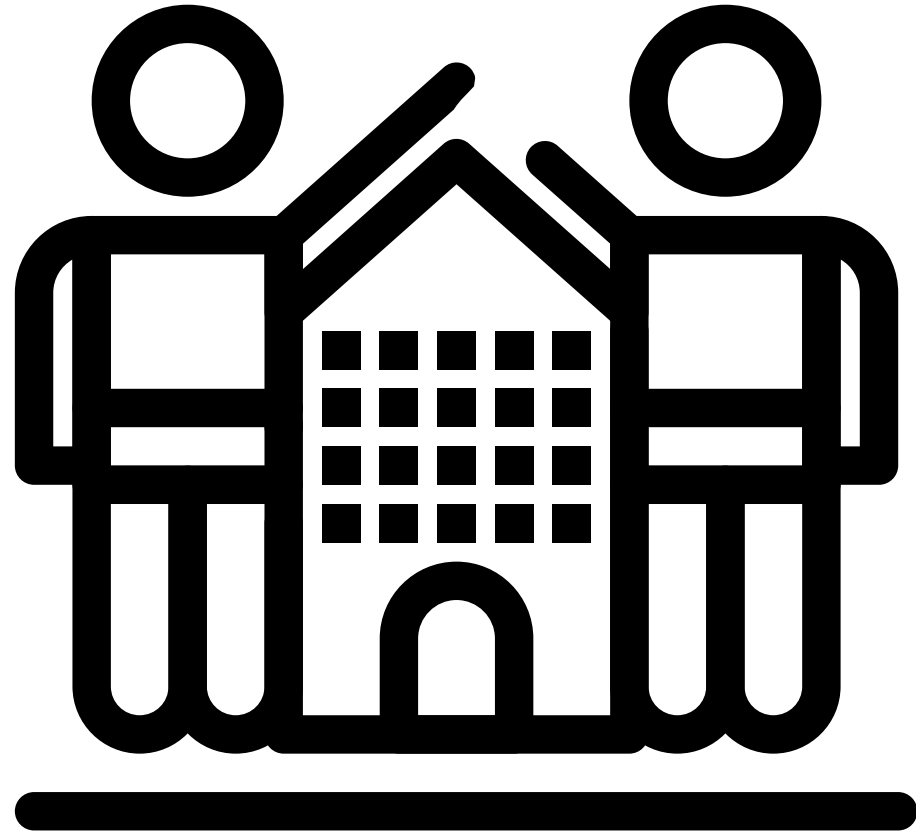
$$\frac{SBP + (2 \cdot DBP)}{3}$$

Patient Sticker

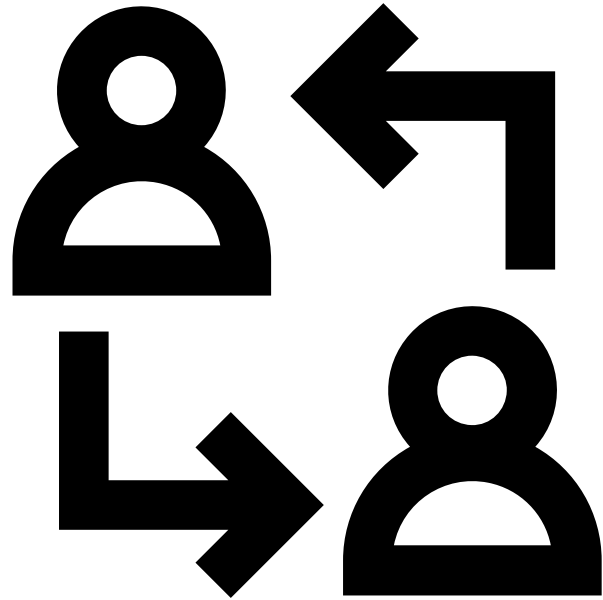
Initial activation
<input type="checkbox"/> Meets Code Sepsis criteria → CODE SEPSIS • Time activated: _____
<input type="checkbox"/> Pt weight in Kg _____ <input type="checkbox"/> Fluid goal (30mL/kg): _____ mL
<input type="checkbox"/> Allergies
<input type="checkbox"/> Initiate IV (within 10 minutes)
<input type="checkbox"/> Labs drawn, time: _____ • Rainbow + 1st lactate • Blood cultures (before antibiotics) • #1 Time: _____ • #1 Site: _____ • #2 Time: _____ • #2 Site: _____ • Blood band
<input type="checkbox"/> In ED, use Sepsis Protocol Rule or ...
<input type="checkbox"/> Prompt the provider for Sepsis order set
Within first hour
<input type="checkbox"/> Cardiac, SpO ₂ , NIBP monitor
<input type="checkbox"/> O ₂ and titrate to $\geq 90\%$
<input type="checkbox"/> Urine specimen
<input type="checkbox"/> Antimicrobials, as ordered by provider • Start time: _____
<input type="checkbox"/> Fluid bolus per provider if hypotensive (MAP < 65) or lactate ≥ 2 mmol/L 1st Lactate result: _____ mmol/L • Start time: _____ • End time: _____ <i>THEN</i>
<input type="checkbox"/> 2 nd saline lock after initiation of fluids
Ongoing assessment
<input type="checkbox"/> Repeat lactate after initial fluid bolus if 1st lactate ≥ 2 mmol/L
<input type="checkbox"/> Any Foley should be temp-sensing
<input type="checkbox"/> Frequent vital signs <i>with</i> temperature at least hourly
<input type="checkbox"/> Strictly monitor I&O

QA TOOL — DO NOT SCAN INTO RECORD.
Revised 9/13/2018

USE TOOLS THAT CAN SURVIVE INTERRUPTION



**USE THAT
SMALL-TOWN
FRIENDLINESS
TO YOUR
ADVANTAGE**



**FEEDBACK,
FEEDBACK,
FEEDBACK**



**BE
PERSISTENT**

In summary...

- Start with common ground
- Embrace your differences, use them to your advantage
- Use tools that can survive interruption
- Small town friendliness is an advantage
- Feedback, feedback, feedback
- Be persistent



Cody Staub, RN, CEN

Special Programs Coordinator
Trauma | Stroke | Sepsis | Cardiac

cstaub@kvhealthcare.org