

Background:

Sepsis is the leading cause of death globally, claiming more lives than lung cancer, breast cancer, bowel cancer and HIV/AIDS combined.

It is a dysregulated inflammatory response whereby normal sterile tissue, fluid, or body cavity is invaded by a pathogenic organism. This leads to Sequential Organ Failure, Septic Shock, Multiple Organ Dysfunction Syndrome and finally Death. Emergency Physicians can hugely impact the prognosis of a patient presenting with sepsis.

Aim :

The objective was to form a dedicated continuous teaching system whereby Awareness to Sepsis could result in better recognition, quicker response, and immediate escalation thus improving outcomes for our patients as alluded to in previous researches.

Method:

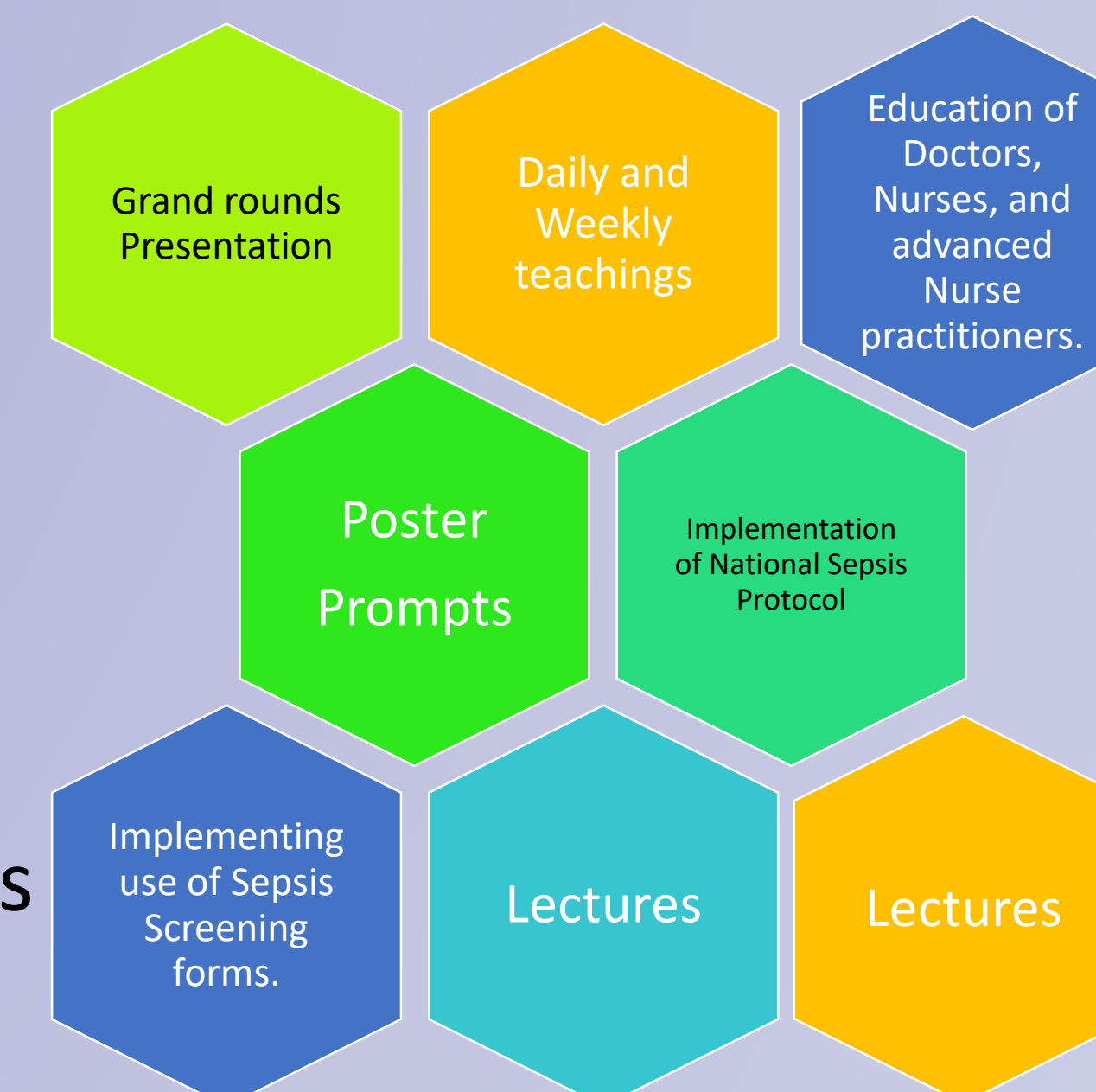
Portiuncula University Hospital (PUH) Sepsis representatives and Emergency Department (ED) developed a continuous education system incorporating the revised 3rd International Consensus for Sepsis definitions .

Sepsis screening forms were put into use and highlighted as a risk stratification system for Sepsis Recognition using both the elements of SIRS and QSoFA score.

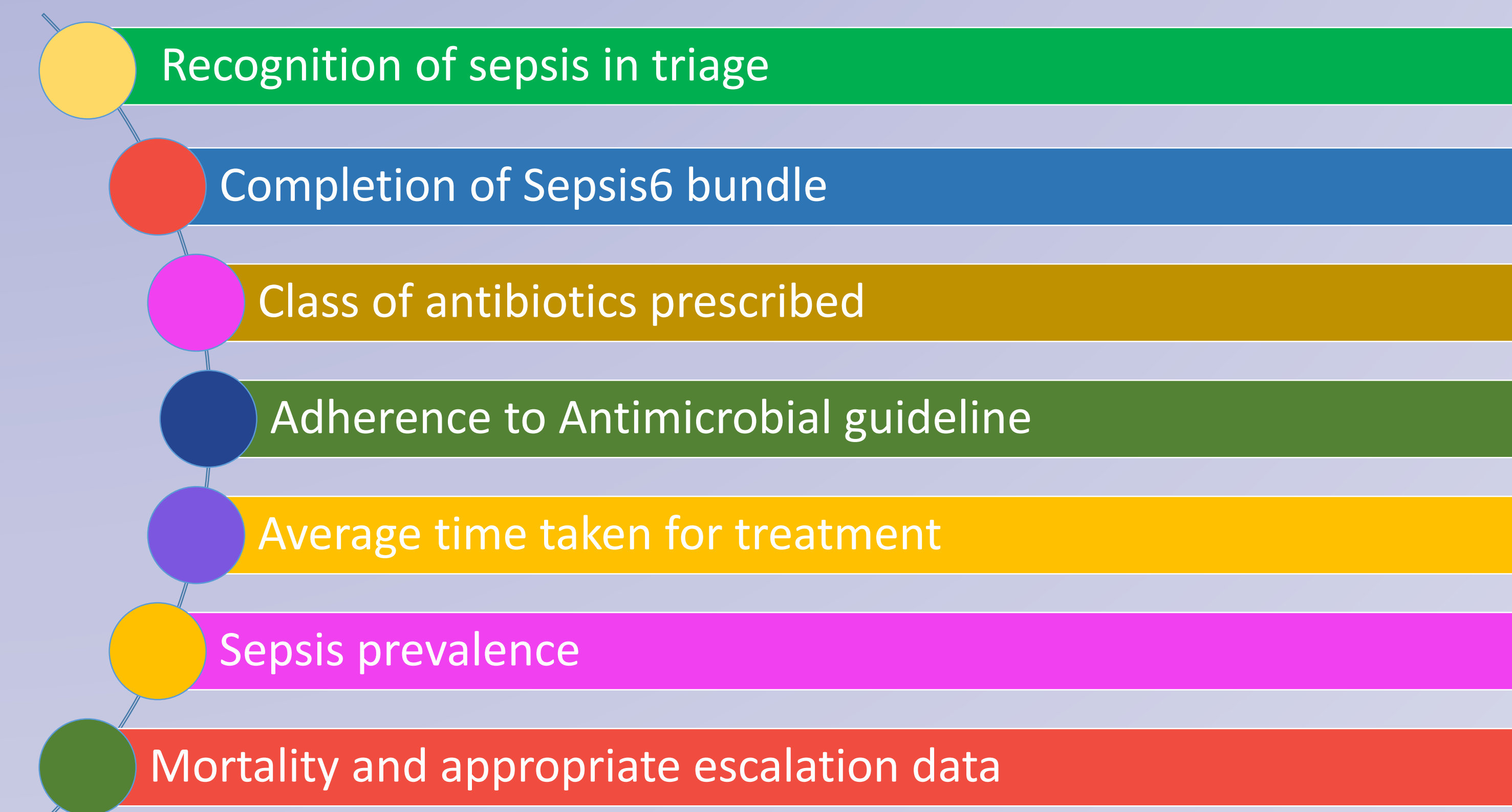
In a study period of 1 year, 6 months and 16 days, data was compared between 2 set periods: **July 2016 - September 2016(3 months)** and **September 2017 - February 2018(5 months)**. Between the first Study and the Second, awareness was raised through daily and weekly teachings, poster prompts, sepsis alert stamps and implementation of National Sepsis protocols. Additionally, lectures were presented at grand rounds and induction day to all hospital staff.

Data:

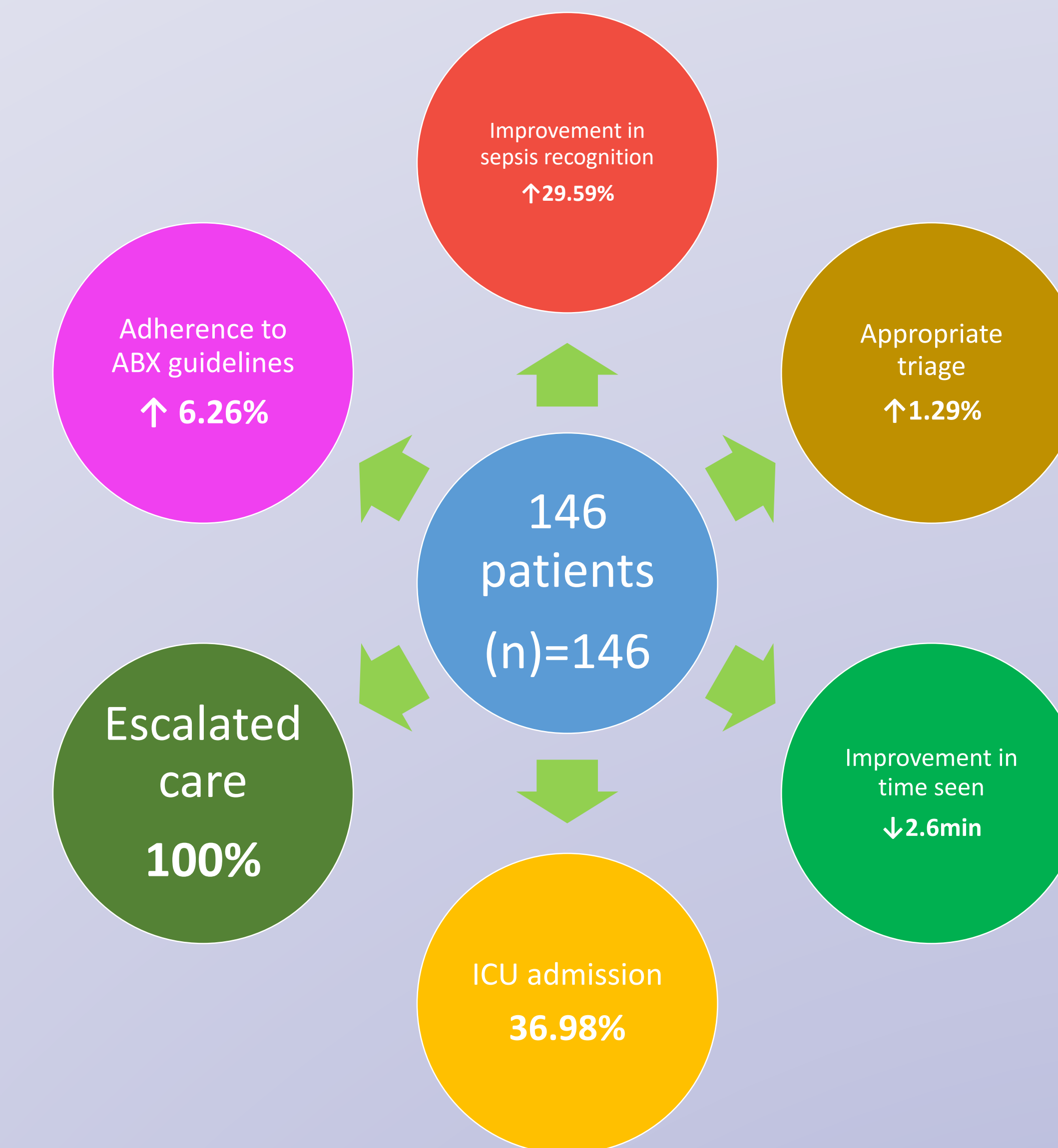
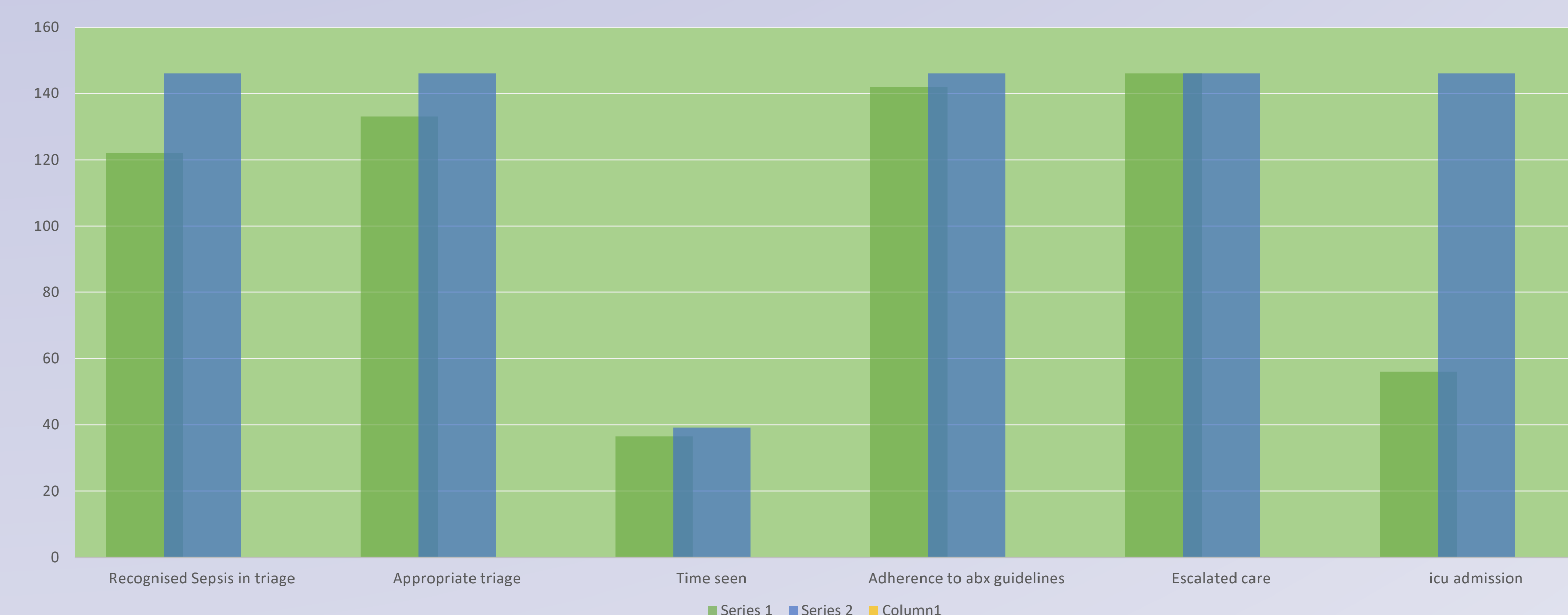
This double-blinded prospective study analyzed the recognition process, sepsis pathways, protocols, the management, efficiency of escalation, and prognosis of septic patients based on the diagnostic criteria for sepsis by the 3rd International Sepsis Consensus.79(1):148(2) patients satisfied the Sepsis criteria and their charts were analyzed with data recorded.



The main elements studied included:



Results:



There were no mortalities resulting from sepsis in the ED during the term of the study.

Discussions and Conclusion:

This study demonstrated a vast improvement of recognition and management of sepsis in the Emergency Department. The impact of continuous education and training combined with a dedicated and committed management team to ensure quality patient-centered care according to best practice guidelines can achieve targeted goals.

Affiliations:

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References:

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2. Ahrens T, Tuggle D. Surviving severe sepsis: early recognition and treatment. Crit Care Nurse. October 2004;24(suppl):2-13.
3. Rivers E, Bryant N, Havstad S, et al. Early goal-directed therapy in the treatment of severe sepsis and septic shock. N Engl J Med.