Saving lives from Sepsis – the role of primary care and NEWS



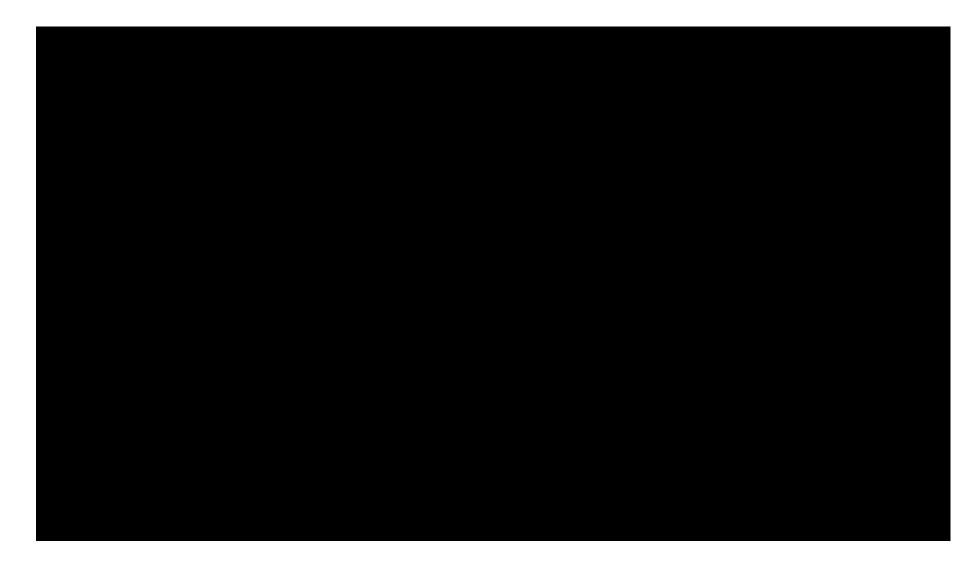
Wayne Robson – Patient Safety Lead
Barnsley Hospital NHS Foundation Trust

Why does it matter?



http://sepsistrust.org/professional/educational-tools/

Why does it matter?

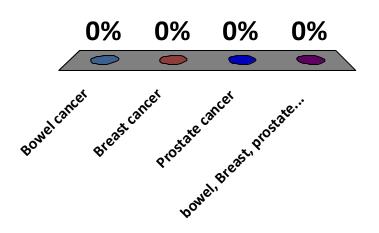


Sepsis Matters



In in the UK Sepsis kills: same number as die from

- A. Bowel cancer
- B. Breast cancer
- C. Prostate cancer
- D. bowel, Breast, prostate cancer combined



QUIZ

In in the UK Sepsis kills -

- A . Same number as die each year from bowel cancer
- B. Same number who die each year from breast cancer
- C. Same number who die each year from bowel, Breast, prostate cancer combined

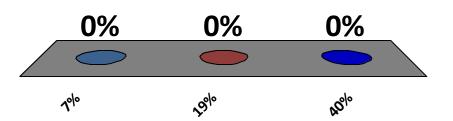


What percentage of intensive care beds are used for patients with sepsis

A. 7%

B. 19%

C. 40%



QUIZ

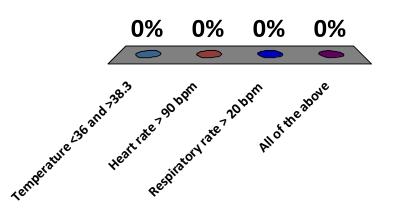
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Which of the following are signs of an inflammatory response

- A. Temperature <36 and >38.3
- B. Heart rate > 90 bpm
- C. Respiratory rate > 20 bpm
- D. All of the above



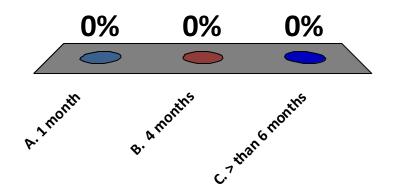
QUIZ

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Recovery from sepsis can commonly take

- A. A. 1 month
- B. B. 4 months
- C. C. > than 6 months



QUIZ

Recovery from sepsis can commonly take

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- B. 4 months
- C. > than 6 months



A priority for the NHS

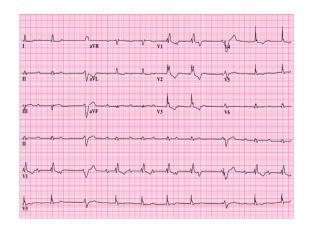


September 2013 'A Time to Act', the Parliamentary and Health Service Ombudsman called upon the NHS and the Department of Health to act rapidly to reduce unnecessary deaths from sepsis. As a direct result of this work, NICE will produce a clinical guideline and **Quality Standard against** sepsis.

Sepsis – the unacknowledged killer



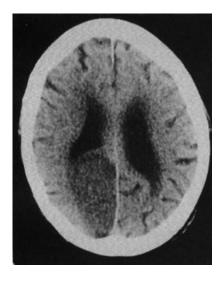
Time critical conditions



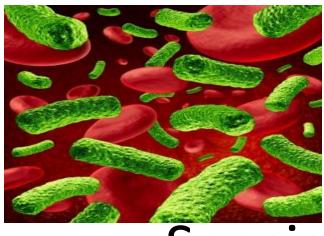
ACS



Trauma



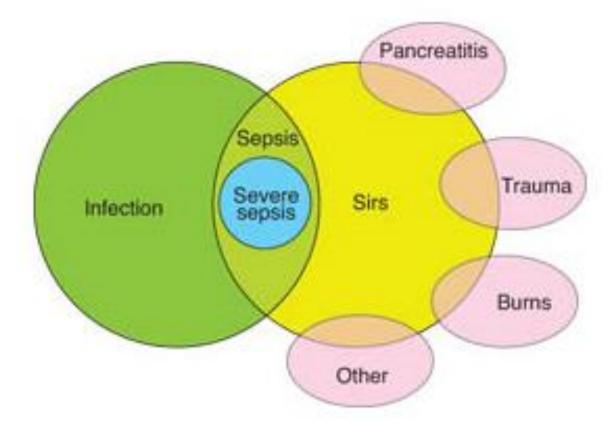
CVA



Sepsis

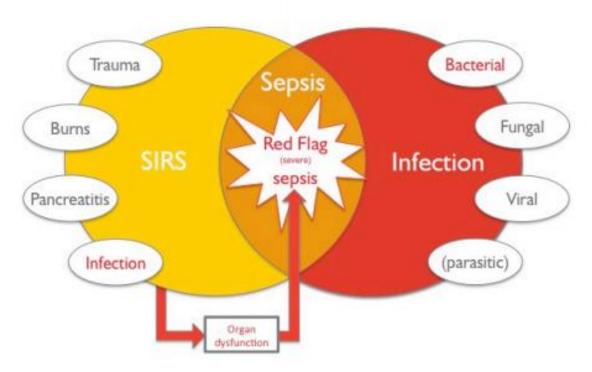
What is sepsis

Sepsis is an overwhelming response to infection in which the immune system initiates a potentially damaging systemic inflammatory response. The body's response to an infection injures its own tissues and organs.



What is sepsis

Figure 1: Relationship between SIRS, Infection, Sepsis and Red Flag Sepsis



SIRS can be caused by multiple triggers
SIRS due to infection = Sepsis
Sepsis + organ dysfunction = Red Flag Sepsis (severe sepsis once tests confirm in hospital)
Septic shock is a subset of severe sepsis

Defining Sepsis





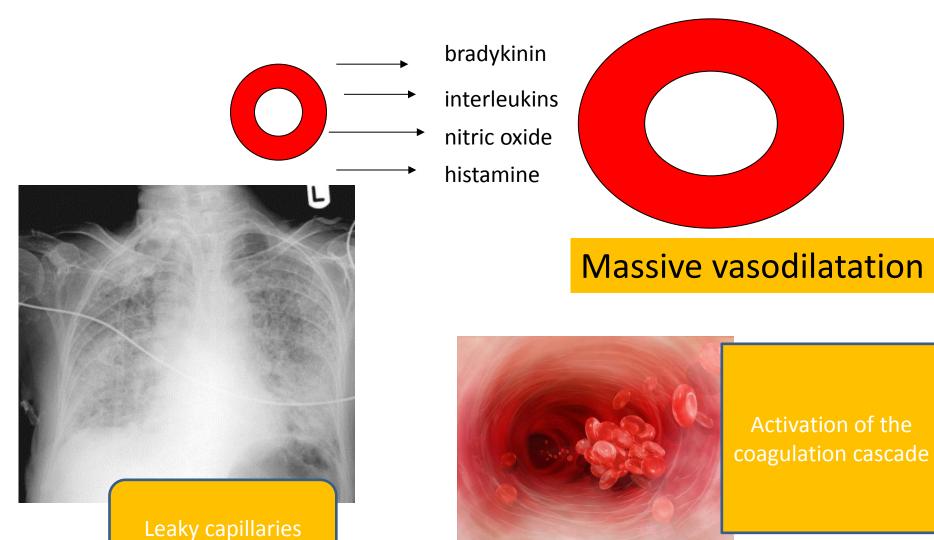


Uncomplicated Sepsis

Severe Sepsis

Septic Shock

Physiological effects of sepsis



Recognising sepsis in adults

- Initial symptoms are often put down to other conditions
- Patients often delay seeking medical help
- No single test for sepsis
- Not everyone with infection develops sepsis and sepsis doesn't always progress to severe sepsis
- GPs may only see a few cases of severe sepsis in a year

Which patients should be screened?

- with clinical evidence of systemic infection (such as recent history of fever)
- in whom you are considering antibiotic prescription or stewardship discussion
- you suspect to have "flu"
- you suspect to have gastroenteritis
- who are obviously unwell without clear cause
- who are elderly or immunosuppressed and present with signs of infection
- who have deteriorated on antibiotic therapy

Sepsis Screening If infection suspected



a. Screening for SIRS

Systemic Inflammatory Response Syndrome

SIRS is confirmed if ANY TWO of the following are present:

Immediate

- New onset of Confusion or Altered Mental State
- Temperature >38.3 or <36 degrees Celsius</p>
- Heart Rate >90 beats per minute*
- Respiratory Rate (counted over 60 seconds) > 20 breaths per minute⁵

POCT (commonly available)

Blood Glucose > 7.7mmol/L in the absence of known diabetes

POCT (not yet widely available)

> WCC > 12 or <4 x109/L

Sepsis Screening Infection plus SIRS = Sepsis



b. Evaluation for Red Flag Sepsis

Act immediately if ANY ONE of the following are present:

- Systolic BP <90mmHg (or >40mmHg fall from baseline)*
- Heart rate > 130 per minute
- Oxygen saturations <91% §</p>
- Respiratory rate >25 per minute §
- Responds only to voice or pain/ unresponsive

POCT (not yet widely available)

Lactate > 2.0mmol/

Screening the role of NEWS

National Early Warning Score (NEWS)*

PHYSIOLOGICAL PARAMETERS	3	2	1	0	1 1	2	3
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturations	s91	92 - 93	94 - 95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥39.1	
Systolic BP	≤90	91 - 100	101 - 110	111 - 219			≥220
Heart Rate	≤40		41 - 50	51 - 90	91 - 110	111 - 130	≥131
Level of Consciousness				А			V, P, or U

"The NETIVE influence found from the Royal Cohage of Physicians ARVITE Development and Implementation Group (MARIEDG) report, and was jump developed and funded in cohaboration with the Royal Cohage of Physicians, Royal Cohage of Physicians





Screening and the role of NEWS

The National Early Warning Score (NEWS) thresholds and triggers

The National Early Warning Score (NEWS) thresholds and triggers						
NEW scores	Clinical risk	ς				
0	_					
Aggregate 1 – 4	Low					
RED score* (Individual parameter scoring 3) Aggregate 5 – 6	Medium	Consider admission to hospital. If Red flag sepsis – admit to hospital by 999				
Aggregate 7 or more	High	If Red Flag sepsis admission to hospital 999				
Please see next page for explanatory text about this chart.	NIS Training for Innovation					

A case example of unrecognised severe sepsis

- Patient admitted to BHFT SDA on a Sunday with ? Wound infection post cholecystectomy
- Patient was seen by GP drowsy confused, BP 79/45 pulse 99 bpm, Temp 38.5
- Patient was sent to hospital in her husbands car
- On arrival to SDA was very unwell with NEWS of 8

Management of Sepsis in primary care

Sepsis (no Red Flag signs):

- A documented decision whether to manage patient in the community or refer to hospital
- Discussion with a senior doctor (where initial assessment has been by trainee) within 30 minutes of diagnosis
- A full set of observations including heart rate, respiratory rate, blood pressure, temperature, conscious level recorded and documented
- If to be treated in the community, safety netting advice offered and documented
- If to be treated in the community, arrangements to be made for review within 24 hours
- If to be referred for hospital assessment, handover including relevant clinical history and antibiotic history including allergies to be provided

Management of Red Flag Sepsis in Primary Care

'Red Flag' sepsis pending confirmatory tests:

- Immediate discussion with a senior doctor (where initial assessment has been by trainee)
- Immediate request for 999 Ambulance with Paramedic crew
- Handover including relevant clinical history and antibiotic history including allergies to be provided
- Where resources available, administer oxygen therapy
- Where transfer times may be prolonged, consider need for intravenous antibiotics and fluid therapy if available

The Sepsis Six

Sepsis Six

- Oxygen
- Blood Cultures
- Antibiotics
- Fluids
- Lactate & Hb
- Insert Catheter & monitor urine output













Deliver within 1 hour

Sepsis 6 saves lives

• In a prospective observational study across a district general hospital, it was independently associated with survival suggesting that, if it alone were responsible for outcome differences, the number needed to treat (NNT) to prevent one death is 4.68. This compares to an NNT of 42 for Aspirin in major heart attack and 45-90 for PCI in ST elevation myocardial infarction.

Lactate



Cryptic Shock

Severe sepsis with normal blood pressure but raised lactate – indicating shock state

Yorkshire Ambulance Service





YAS pre alert ED about cases of severe sepsis (Red Flag Sepsis)

Recognising Sepsis in Children



An avoidable death of a three-year-old child from sepsis

A report by the Health Service Ombudsman for England on an investigation into a complaint from Mr and Mrs Morrish about The Cricketfield Surgery, NHS Direct, Devon Doctors Ltd, South Devon Healthcare NHS Foundation Trust and NHS Devon Plymouth and Torbay Cluster



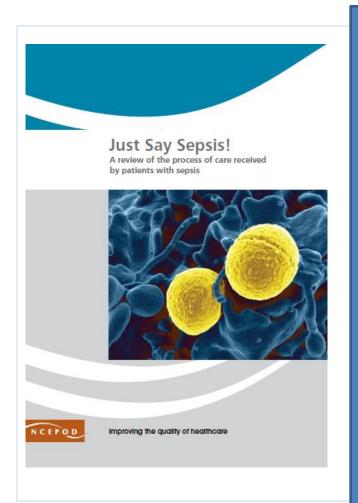
Raising public awareness - Children



Raising public awareness- children (Use for safety netting too)

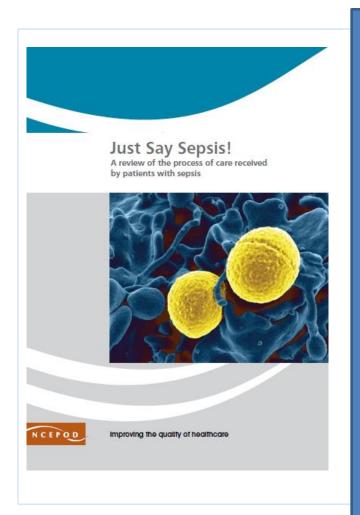
ANY CHILD WHO: 4 IS BREATHING VERY FAST FEELS ABNORMALLY COLD TO TOUCH 5 HAS A 'FIT' OR CONVULSION **2** LOOKS MOTTLED, BLUISH, **6** IS VERY LETHARGIC OR HAS VERY PALE SKIN OR DIFFICULT TO WAKE UP 3 HAS A RASH THAT DOES NOT FADE MIGHT BE CRITICALLY ILL. WHEN YOU PRESS IT ONE OR MORE OF THESE? SEE A DOCTOR URGENTLY: CALL 999 AND SAY YOU'RE WORRIED ABOUT SEPSIS. A CHILD **UNDER 5 WHO:** 2 IS VOMITING REPEATEDLY ONE OR MORE OF THESE? 3 HASN'T HAD A WEE OR WET NAPPY FOR 12 HOURS SPEAK TO A DOCTOR & SAY YOU'RE WORRIED ABOUT SEPSIS. MIGHT HAVE SEPSIS.

NCEPOD 2015



- •In only 9% patients seen by GP were pre alerts sent to hospitals
- •Poor adherence to recording of vital signs by GPs assessing patients less than half had there temperature or blood pressure recorded
- •No early warning score was used in any of the GP case notes
- •Half of the patients referred to hospital had no referral letter
- Patients delayed seeking medical help and attending GP

NCEPOD 2015



- Sepsis was not mentioned in the discharge summary in 46% cases
- Sepsis was not mentioned on the death certificate in 40% patients who died
- Insufficient information given to patients on discharge

Raising public awareness (use for safety netting too)

SEPSIS IS A RARE BUT SERIOUS CONDITION THAT CAN LOOK JUST LIKE FLU, GASTROENTERITIS OR A CHEST INFECTION. SEEK MEDICAL HELP URGENTLY IF YOU DEVELOP ANY ONE OF THE FOLLOWING: SLURRED SPEECH EXTREME SHIVERING OR MUSCLE PAIN PASSING NO URINE (IN A DAY) SEVERE BREATHLESSNESS FEEL LIKE I MIGHT DIE" SKIN MOTTLED OR DISCOLOURED

Empowering patients - patients can prevent us falling into error traps

We believe that, once sepsis is accepted as a medical emergency and as a clinical priority for the NHS, we can save up to 10,000 lives each year.

re exception to example the promotion of earlier revenul include the stress and more reliable delivery of immunities an ambiector annibilities and fluids, by rate ments including earlier immunities, and fluids, by ratements where so, and through immunities, and through immunities, and through immunities and the sharing of earlier than the sharing of the practice. To make this happen, we need to ensure that members of the public, patients and the consumer that health professionals when the sharing of the sharing sharing shari

For further information, to Join our campaign, or to make a donation, please visit:

www.sepsistrust.org

Tel: 0845 606 6255



Suspect sepsis.

Say sepsis.

Save someone's life today.



Working in partnership with

the Global Sepsis Alliance

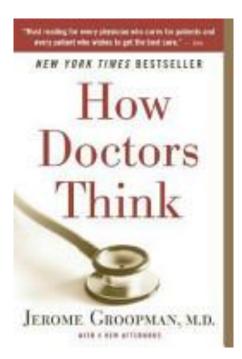
© U.K Sepsis Group 2012 All rights reserved. We cannot accept responsibility for individual cases. Sepsis kills

...but together we can beat it

Sepsis was previously known as septicaemia or blood poisoning. Sepsis is the body's reaction to an infection and means your body attacks its own organs and tissues. If not spotted and treated quickly, sepsis can rapidly lead to organ failure and death. Patients and health workers need to work together to ensure life-sawing treatment is delivered as soon as possible.



Don't be afraid to say - 'I think this might be Sepsis'



Changes to how we screen for Sepsis

 In 2016 SIRS will no longer be used to diagnose sepsis and screening and diagnosis will be focused on:

Physiological changes of organ dysfunction, including hypotension, tachypnoea and altered mental state

Watch this space – more information to follow

Summary

- Sepsis is a major killer and prompt recognition and management will save lives
- Over 70% cases are believed to arise in the community
- There is a huge variability in clinical presentation of sepsis
- Sepsis is difficult to diagnose
- Maintain a high index of suspicion for sepsis
- Record NEWS if suspect sepsis
- Pre-alert ED / AMU
- Review the UK Sepsis Trust Exemplar standards for Primary Care management of Sepsis

Further question please contact Wayne Robson Patient Safety Lead Barnsley Hospital wrobson@nhs.net

