Introduction: It is estimated that 751,000 cases of severe sepsis and septic shock occur in the United States annually with a mortality rate of 20 to 54 percent (Nguyen et al. 2007). Of the annual cases of sepsis, 458,200 cases (61%) are first encountered in the ED (Talan, et al. 2008). Rapid recognition of (SIRS)/Sepsis and early initiation of goal-directed therapy in the ED is imperative for improved patient outcomes (Shorr et al. 2007). Educating ED nurses in early recognition of severe sepsis/septic shock and appropriately implementing an EGD sepsis protocol based on the Surviving Sepsis Campaign will show improvement in early recognition, facilitate early treatment, and reduce mortality in our facility. Together as an interdisciplinary team, we will focus on opportunities to reduce mortality using a solutions-driven design that focuses on early recognition and intervention.
Method(s): We will be conducting a prospective, repeated measures, pilot study using a pre/post test design. Our goal is to determine whether educating ED nurses on SIRS/sepsis will result in prompt recognition, intervention, and appropriate use of the EGDT resuscitation bundle and improve patient outcomes by decreasing mortality and length of stay.

Results: Improvement in appropriate triage and identification of patients with SIRS/sepsis within the first 6 hours according to the SSC guidelines leading to a decrease in mortality and shorter length of stay.

Discussion & Conclusions: Approximately 70% of patients admitted to our hospital meeting criteria of severe sepsis/septic shock originated from ED. In this population, current standard of care does not include standard goal-directed hemodynamic resuscitation orders. Recent national hospital annual mortality rates for severe sepsis/septic shock are 28.6%(Nguyen et al. 2006). There has been a large number of “failure to rescue” incidents surrounding patients with severe sepsis/septic shock. Because these patients do not always present with the classic complex symptoms, ED nurses need more education and direction to identify such patients. Implementing an algorithmic protocol for early recognition and management of severe sepsis/septic shock in the ED would provide education and support to optimize patient outcomes and decrease mortality.

Abstract History:
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

Financial Disclosure:
No, I (or a member of my immediate family) have not received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation.

FDA Disclosure:
The FDA has cleared all pharmaceuticals and/or medical devices for the use described in this presentation.

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