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# Patient Education On Sepsis

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Improving Sepsis Care in the Intensive Care Unit  
Oxford Textbook of Critical Care  
Guideline for Isolation Precautions in Hospitals  
Improving Nurses' Confidence in Early Identification of Sepsis  
Evaluation of Printable Sepsis Patient Education Material for Usability and Actionability  
CDC Yellow Book 2018: Health Information for International Travel  
Surviving Sepsis  
Patient Safety and Quality  
Impact of Education Video on Emergency Room Nurses' Knowledge of and Attitude about Early Sepsis Recognition  
Red Book 2021  
Manual of Childhood Infections  
Handbook of Sepsis  
Contemporary Diagnosis and Management of Sepsis  
Severe Community Acquired Pneumonia  
An Evidence-based Practice Nursing Education Program  
Medical Emergency Teams  
Mandell, Douglas and Bennett's Principles and Practice of Infectious Diseases  
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Emergency Department Nursing Triage Education on Self Reported Competence of Sepsis  
Management of Sepsis  
Early Recognition of Severe Sepsis  
Improving Discharge Medication Education on a Sepsis Unit: A Quality Improvement Project  
Fighting the Battle Against Sepsis  
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Developing and Validating Multiple-choice Test Items  
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Sepsis Management in Resource-limited Settings  
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Implementing Discharge (D/C) Teaching for Sepsis Patients to Decrease 30-day Readmission Rate  
The Impact of Hospital Nursing on Postsurgical Sepsis  
Sepsis Early Recognition and Response  
Mayhall's Hospital Epidemiology and Infection Prevention  
Health Professionals for a New Century  
Closing the Quality Gap

Brain Disorders in Critical Illness

## Sepsis Education Utilizing 'Sepsis Alert' Checklist to Support the Adherence of Early Management Bundle in the Emergency Department

*Patient  
Education On  
Sepsis*

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### **DAKOTA NADIA**

*Improving Sepsis Care in the Intensive Care Unit*  
Harvard School of Public Health, Frangois-Xavier Bagnoud Cen  
"An Evidence-Based Practice Nursing Education Program: Treatment of Severe Sepsis and Septic Shock in the emergency department. DH Bucher DNPc CCRN. Acute Care Hospitalist Nurse Practitioner, University of Pittsburgh Medical Center Hamot (UPMC Hamot) Background. Although there have been evidence-based practice (EBP) guidelines for treatment of patients with severe sepsis and septic shock, there is still lack of guideline implementation in clinical practice. Many emergency room nurses are unfamiliar with the severe sepsis early goal directed therapy (EGDT) bundle and order set, making them unsure of the nurse's role in the care of patients with severe sepsis or septic shock. This may lead to patient care issues, such

as not giving patients with severe sepsis or septic shock high priority.

Objective: An educational program for the treatment of severe sepsis and septic shock for nurses in the emergency department was developed and implemented. The program objectives focused on early identification of the patient with severe sepsis and septic shock, EGDT in the emergency department, and interventions that nurses can implement to improve outcomes in patients with severe sepsis and septic shock. Program design: The educational program was developed using the EBP guidelines in the 2008 Surviving Sepsis Campaign with a focus on EGDT, identification, and interventions that nurses can implement to improve outcomes. Outcomes: Of all participants 93.4% showed statistical improvement of their score (paired t-test \*p

*Oxford Textbook of Critical Care* Springer Nature  
Early Recognition of Severe Sepsis  
Presentation: A Quality

Improvement Project Abstract Sepsis is a medical emergency. If not treated immediately a patient may quickly progress to severe sepsis, septic shock and eventually death. The early recognition of severe sepsis presentation project is an evidence based project for the medical-surgical floor to decrease the amount of time from early signs of sepsis to treatment of sepsis. In October 2017, the average hospital compliance for the severe sepsis bundle for the fiscal year decreased from 80% down to 55%. Further review showed the decrease in compliance was from the medical-surgical floor nursing staff not notifying physicians when patients showed signs of sepsis. This microsystem needed to have changes developed and implemented to assist the staff with an improved way for recognition of the early signs of sepsis for patients on this unit. Interventions for nursing staff were needed to increase education through repetitive

reminders. If the staff had additional sepsis information, with a focus on improving patient care, staff would be more engaged and willing to change current practices. An expectation is that the hospital will have bundle results consistently at a minimum of 80% every month. The conclusion is that by continuing to increase knowledge of sepsis to staff, they will contact the physician immediately when a patient begins showing signs and symptoms.

*Guideline for Isolation Precautions in Hospitals*  
Oxford University Press  
This manual gives information on the causative organisms, epidemiology and clinical features of all important childhood infections. It includes guidance on the clinical management of the infections and on steps to be taken to prevent future cases.

Improving Nurses' Confidence in Early Identification of Sepsis  
Springer  
The AAP's authoritative guide on preventing, recognizing, and treating more than 200 childhood infectious diseases. Developed by the AAP's Committee on Infectious Diseases as well as the expertise of the CDC, the

FDA, and hundreds of physician contributors.

Evaluation of Printable Sepsis Patient Education Material for Usability and Actionability  
Cambridge University Press  
Evaluation of Printable Sepsis Patient Education Material for Usability and Actionability  
*CDC Yellow Book 2018: Health Information for International Travel*  
Springer Science & Business Media  
Sepsis, severe sepsis, and septic shock have created both deadly and costly difficulties in hospitals around the world. Healthcare providers have set out to study and reduce the morbidity and mortality related to these issues. After many studies, in 2004 the Surviving Sepsis Campaign was started in order to help combat sepsis (Shiramizo, and others, 2011). The campaign presented several different protocols that needed to be administered within certain time frames in order for patients to have better chances of decreased rates of morbidity and mortality. Initial protocols include rapid fluid resuscitation and appropriate antibiotic administration (Cronshaw, Daniels, Bleetman,

Joynes, and Sheils, 2011). Through complete bundle compliance, morbidity and mortality rates have shown an incredible decrease. The following is a proposed project to be submitted to key stakeholders to bring the Surviving Sepsis Campaign to a Las Vegas Hospital and emergency department to combat sepsis and provide better patient outcomes. The following is the recommended proposed project to be presented to key stakeholders. This project includes description of the problem at hand, the solution, how the project will be implemented, as well as an evaluation and dissemination plan. The project involves organization between multidisciplinary teams, as well as re-education on sepsis and current data supporting the change, protocol changes, and project evaluation. With proper implementation staff will receive a better understanding of the effects of sepsis on their patients and implement the simple changes that can be made in protocols in order to give patients a better chance of surviving sepsis.

**Surviving Sepsis**  
Springer Science &

### Business Media

One hundred years ago a series of seminal documents, starting with the Flexner Report of 1910, sparked an enormous burst of energy to harness the power of science to transform higher education in health. Professional education, however, has not been able to keep pace with the challenges of the 21st century. A new generation of reforms is needed to meet the demands of health systems in an interdependent world. The report of the Commission on the Education of Health Professionals for the 21st Century, a global independent initiative consisting of 20 leaders from diverse disciplinary backgrounds and institutional affiliations, articulates a fresh vision and recommends renewed actions. Building on a rich legacy of educational reforms during the past century, the Commission's findings and recommendations adopt a global and multi-professional perspective using a systems approach to analyze education and health, with a focus on institutional and instructional reforms.

### **Patient Safety and**

**Quality** Oxford University

### Press

Sepsis is the body's extreme response to infection, which is a life-threatening medical emergency and must be treated promptly. Emergency Department (ED) registered nurses are at the frontlines of patient treatment, requiring them to be educated on the most recent guidelines and protocols when it comes to early sepsis identification. This study implemented educational sessions on early identification and initiation of treatment in sepsis for the ED nurse population to improve their overall confidence in identifying potentially septic patients. It was found that the education sessions increased the nursing staff who participated overall confidence in early identification of sepsis patients.

[Impact of Education Video on Emergency Room Nurses' Knowledge of and Attitude about Early Sepsis Recognition](#)  
Springer

The second edition of the Oxford Handbook of Critical Care Nursing has been fully revised to reflect a more systematic approach to care delivery and to follow the patient pathway. Focused on the

practical issues of nursing care and nursing procedures, this handbook has been written by nurses, for nurses. Reflecting current best practice, the Oxford Handbook of Critical Care Nursing is an easily accessible and evidence-based guide for all levels of nursing staff working in critical care environments. It provides the nurse at the bedside with the answers to day-to-day problems experienced when caring for critically ill patients, and is also a guide to some of the less commonly encountered issues. The new edition of this handbook will continue to help support novice and experienced staff in critical care environments. Now including more detail on the psychological issues facing critically ill patients, and more information on the intricacies of receiving a critically ill patient and transferring from a critical care environment, this handbook is a concise, practical, and comprehensive resource. [Red Book 2021](#)  
Handbooks in Health Care  
INTRODUCTION: An emergency department is often the first interaction for a septic patient. As

such, emergency room nurses are in an optimal position to detect the early signs and symptoms of sepsis and implement the sepsis bundle. This study evaluates the impact of a sepsis educational video on emergency room nurses' knowledge of and attitude about early sepsis recognition. **METHODS:** This quasi-experimental one group related measures design (pretest-post test design) was conducted at a local Southern California Emergency Department where registered nurses were recruited, and a validated questionnaire was distributed. Data were analyzed with a one-way repeated measures ANOVA and post hoc analysis with a Bonferroni adjustment and Friedman test. **RESULTS:** The sepsis education video elicited statistically significant changes in nurses' knowledge overtime,  $F(2, 58) = 59.28, p < .001$ . Manual of Childhood Infections Oxford University Press, USA Why Critical Care Evolved METs? In early 2004, when Dr. Michael DeVita informed me that he was considering a textbook on the new concept of Medical Emergency Teams (METs), I was

surprised. At Presbyterian-University Hospital in Pittsburgh we introduced this idea some 15 years ago, but did not think it was revolutionary enough to publish. This, even though, our fellows in critical care medicine training were all involved and informed about the importance of "Condition C (Crisis)," as it was called to distinguish it from "Condition A (Arrest)." We thought it absurd to intervene only after cardiac arrest had occurred, because most cases showed prior deterioration and cardiac arrest could be prevented with rapid team work to correct precluding problems. The above thoughts were logical in Pittsburgh, where the legendary Dr. Peter Safar had been working since the late 1950s on improving current resuscitation techniques, first ventilation victims of apneic from drowning, treatment of smoke inhalation, and so on. This was followed by external cardiac compression upon demonstration of its efficiency in cases of unexpected sudden cardiac arrest. Dr. Safar devoted his entire professional life to improvement of cardiopulmonary

resuscitation. He and many others emphasized the importance of getting the CPR team to off-hospital victims of cardiac arrest as quickly as possible.

### **Handbook of Sepsis**

Evaluation of Printable Sepsis Patient Education Material for Usability and Actionability Sepsis is common, costly, and is a leading cause of death worldwide. During the past decade, quality improvement efforts in sepsis management have led to increased survival. Many sepsis survivors experience sequelae that contribute to unplanned hospital readmission associated with poor outcomes. Despite ongoing efforts to improve sepsis patient care, methods for reducing sepsis readmissions is limited. Additionally, public and patient knowledge regarding sepsis is lacking. Improving sepsis patient outcomes requires early diagnosis and treatment. Increasing patient and caregiver knowledge of sepsis and when to seek medical care is essential, particularly for patients at risk for readmission. No current standards exist regarding effective methods or tools to provide sepsis

patient/caregiver discharge education. An evaluation of an available sepsis education tool using a validated measure to assess printable patient education material for understandability and actionability was conducted. An electronic survey was completed by nine national sepsis content experts, with a 90% response rate. Mean usability and actionability scores were above 80% with fair to moderate agreement across 24 survey items. Areas for improvement include providing a summary, modification of images and simplifying language. Results from this project may be useful for future sepsis patient education material.

Implementing Discharge (D/C) Teaching for Sepsis Patients to Decrease 30-day Readmission Rate

Hospitals recognize sepsis as a serious medical condition and recognize that early treatment of sepsis improves patient outcomes and saves lives. Unfortunately, post-sepsis patients being discharged from the hospital may redevelop sepsis. Readmissions due to sepsis can negatively impact patient outcomes and lead to increased

hospital costs. Despite these findings, many hospitals underuse resources (e.g., patient education and patient engagement) to prevent hospital readmission due to sepsis. The purpose of this evidence-based project was to determine whether a sepsis education program introduced by the nursing staff at time of discharge from the medical/surgical unit will reduce the number of 30-day readmissions to the hospital setting due to sepsis. Educating the patients at discharge about sepsis, the importance of understanding the signs and symptoms of early sepsis, and the steps to take if they meet the criteria in meeting sepsis was implemented. A needs assessment was done to serve as a basis for preparation of developing an evidence-based project within the hospital setting designed for healthcare providers to consistently provide sepsis education at time of discharge. The IOWA Model design was used to assist the healthcare team in translating the research findings into practice and to increase positive patient outcomes.

Malcolm Knowles'

Andragogy Theory was developed to understand and provide direction in meeting the needs of the adult learner. This theory assisted in the teaching of the healthcare team and the patients. Metrics, including readmission rates for patients being discharged with the diagnosis of sepsis were monitored to determine education program success. Measures included readmission rate and the compliance rate of sepsis education documentation at time of discharge. Data collection on readmissions and sepsis education documentation were collected through chart audits and stored in the organization's secure drive.

Sepsis Education Utilizing 'Sepsis Alert' Checklist to Support the Adherence of Early Management Bundle in the Emergency Department

Early recognition and timely management of sepsis is a priority within hospitals due to its direct impact on patients' outcomes. It is critical for healthcare providers to be educated and aware of the signs and symptoms of sepsis. The emergency department (ED) is the forefront of the hospital where majority of patients

with sepsis are assessed and either discharged or admitted into the hospital. Therefore, it is critical for ED nurses to be educated in the early signs of sepsis and follow evidence-based practice guidelines when managing these patients. The project leader implemented a sepsis education intervention aimed at clinical practice guidelines and introduced the 'Sepsis Alert' checklist. This checklist provided a visual guide of interventions and treatment needed for patients presenting with sepsis. A preeducation questionnaire was provided, and a post education questionnaire was completed one month after education implementation. The quality improvement nurse provided the project leader with both the mortality rate and Centers for Medicare & Medicaid Services (CMS) early management bundle rated pre and posteducation implementation. Retrospective review of the questionnaire results indicated an increase in nurses' knowledge of sepsis and comfort in taking care of patients with sepsis. There was also significant improvement in the

adherence to CMS early management bundle rate. These findings suggest that sepsis education with utilization of a 'Sepsis Alert' checklist may improve the nurses' knowledge and comfort for taking care of patients with sepsis and increase the adherence to clinical practice guidelines. An Evidence-based Practice Nursing Education Program "An Evidence-Based Practice Nursing Education Program: Treatment of Severe Sepsis and Septic Shock in the emergency department. DH Bucher DNPc CCRN. Acute Care Hospitalist Nurse Practitioner, University of Pittsburgh Medical Center Hamot (UPMC Hamot) Background. Although there have been evidence-based practice (EBP) guidelines for treatment of patients with severe sepsis and septic shock, there is still lack of guideline implementation in clinical practice. Many emergency room nurses are unfamiliar with the severe sepsis early goal directed therapy (EGDT) bundle and order set, making them unsure of the nurse's role in the care of patients with severe sepsis or septic shock. This may lead to patient care issues, such

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**Contemporary**

## Diagnosis and Management of Sepsis

Psychology Press  
Now in paperback, the second edition of the Oxford Textbook of Critical Care is a comprehensive multi-disciplinary text covering all aspects of adult intensive care management. Uniquely this text takes a problem-orientated approach providing a key resource for daily clinical issues in the intensive care unit. The text is organized into short topics allowing readers to rapidly access authoritative information on specific clinical problems. Each topic refers to basic physiological principles and provides up-to-date treatment advice supported by references to the most vital literature. Where international differences exist in clinical practice, authors cover alternative views. Key messages summarise each topic in order to aid quick review and decision making. Edited and written by an international group of recognized experts from many disciplines, the second edition of the Oxford Textbook of Critical Care provides an up-to-date reference that is relevant for intensive

care units and emergency departments globally. This volume is the definitive text for all health care providers, including physicians, nurses, respiratory therapists, and other allied health professionals who take care of critically ill patients.

Severe Community Acquired Pneumonia  
Oxford University Press  
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An Evidence-based Practice Nursing Education Program

Lippincott Williams & Wilkins

This book, part of the European Society of Intensive Care Medicine textbook series, teaches readers how to use hemodynamic monitoring, an essential skill for today's intensivists. It offers a valuable guide for beginners, as well as for experienced intensivists who want to hone their skills, helping both groups detect an inadequacy of perfusion and make the right choices to achieve the main goal of hemodynamic monitoring in the critically ill, i.e., to correctly assess the cardiovascular system and its response to tissue oxygen demands. The book is divided into distinguished sections: from physiology to pathophysiology; clinical assessment and measurements; and clinical practice achievements including techniques, the basic

goals in clinical practice as well as the more appropriate hemodynamic therapy to be applied in different conditions. All chapters use a learning-oriented style, with practical examples, key points and take home messages, helping readers quickly absorb the content and, at the same time, apply what they have learned in the clinical setting. The European Society of Intensive Care Medicine has developed the Lessons from the ICU series with the vision of providing focused and state-of-the-art overviews of central topics in Intensive Care and optimal resources for clinicians working in Intensive Care.

*Medical Emergency Teams* Department of Health and Human Services

Sepsis is common, costly, and is a leading cause of death worldwide. During the past decade, quality improvement efforts in sepsis management have led to increased survival. Many sepsis survivors experience sequelae that contribute to unplanned hospital readmission associated with poor outcomes. Despite ongoing efforts to improve sepsis patient care,

methods for reducing sepsis readmissions is limited. Additionally, public and patient knowledge regarding sepsis is lacking. Improving sepsis patient outcomes requires early diagnosis and treatment. Increasing patient and caregiver knowledge of sepsis and when to seek medical care is essential, particularly for patients at risk for readmission. No current standards exist regarding effective methods or tools to provide sepsis patient/caregiver discharge education. An evaluation of an available sepsis education tool using a validated measure to assess printable patient education material for understandability and actionability was conducted. An electronic survey was completed by nine national sepsis content experts, with a 90% response rate. Mean usability and actionability scores were above 80% with fair to moderate agreement across 24 survey items. Areas for improvement include providing a summary, modification of images and simplifying language. Results from this project may be useful for future sepsis patient education material.

*Mandell, Douglas and Bennett's Principles and Practice of Infectious Diseases* CRC Press

This practically oriented book provides an up-to-date overview of all significant aspects of the pathogenesis of sepsis and its management, including within the intensive care unit. Readers will find information on the involvement of the coagulation and endocrine systems during sepsis and on the use of biomarkers to diagnose sepsis and allow early intervention. International clinical practice guidelines for the management of sepsis are presented, and individual chapters focus on aspects such as fluid resuscitation, vasopressor therapy, response to multiorgan failure, antimicrobial therapy, and adjunctive immunotherapy. The closing section looks forward to the coming decade, discussing novel trial designs, sepsis in low- and middle-income countries, and emerging management approaches. The book is international in scope, with contributions from leading experts worldwide. It will be of value to residents and professionals/practitioners

in the fields of infectious diseases and internal medicine, as well as to GPs and medical students.

### **Hemodynamic**

#### **Monitoring** Springer

Ineffective discharge education plays a role in increased readmission rates, adverse drug events, and worsened patient outcomes post-hospitalization. When combined, the resulting financial burden on America's healthcare system is exorbitant, as is the physical and mental toll on unsuspecting patients. To close the current gaps in discharge teaching, this project is incorporating the teach-back method and utilizing updated medication handouts. Starting on the sepsis unit of a large, local medical center - the Clinical Nurse Leader (CNL) interns employed assessment tools to identify areas for improvement. The data revealed rushed, incomprehensive discharge medication education and reflected in low HCAHPS scores in the areas of "Communication about Medications" and "Care Transitions." Utilizing the Plan, Do, Study, Act tool, more succinct and personalized medication class worksheets were

conceived and the unit's discharge education protocol for nurses was updated to include the utilization of teach-back regarding prescribed medication purpose and side effects. Said changes were based on evidence-based practice and relevant literature. In order to determine the success of the project, HCAHPS scores will be analyzed. Within ten months of implementation, the anticipated HCAHPS scores will be 58.2% (from 36.7%) in "Communication about Medications" and 56.9% (from 39.1%) in "Care Transitions." Additionally, the potential unit savings is estimated to decrease by \$949 to \$44,190 per patient by improving medication education upon discharge. Improved discharge medication education is attainable by utilizing enhanced medication education sheets in combination with the teach-back method. The success of this quality improvement project on the given unit can and should be seen as framework to enact similar positive changes to additional units.

#### *Endourology*

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It constitutes a unique source of knowledge and guidance for all healthcare workers who care for patients with sepsis and septic shock in resource-limited settings. More than eighty percent of the worldwide deaths related to sepsis occur in resource-limited settings in low and middle-income countries. Current international sepsis guidelines cannot be implemented without adaptations towards these settings, mainly because of the difference in local resources and a different spectrum of infectious diseases causing sepsis. This prompted members of the Global Intensive Care working group of the European Society of Intensive Care Medicine (ESICM) and the Mahidol-Oxford Tropical Medicine Research Unit (MORU, Bangkok, Thailand) - among which the Editors - to develop with an international group of experts a comprehensive set of recommendations for the management of sepsis in resource-limited settings. Recommendations are based on both current scientific evidence and clinical experience of clinicians working in resource-limited settings. The book includes an

overview chapter outlining the current challenges and future directions of sepsis management as well as general recommendations on the structure and organization of intensive care services in resource-limited settings. Specific recommendations on the recognition and management of patients with sepsis and septic shock in these settings are grouped into seven chapters. The book provides evidence-based practical guidance for doctors in low and middle income countries treating patients with sepsis, and highlights areas for further research and discussion.

### **Chalk Talks in Internal Medicine**

Early recognition and timely management of sepsis is a priority within hospitals due to its direct impact on patients' outcomes. It is critical for healthcare providers to be educated and aware of the signs and symptoms of sepsis. The emergency department (ED) is the forefront of the hospital where majority of patients with sepsis are assessed and either discharged or admitted into the hospital. Therefore, it is critical for ED nurses to be educated in the early signs of sepsis

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