# Straight Talkin’ Sepsis Schedule

**November 2, 2017**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>17:30 - 18:00</td>
<td>Registration and Reception</td>
<td><em>Buffet dinner (food and refreshments) will be served and participants can eat during class.</em></td>
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<tr>
<td>1800 - 1805</td>
<td><strong>Introduction</strong></td>
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<tr>
<td>1805 - 1815</td>
<td><strong>Lourdes Hospital ED-EMS QA/QI Introduction (ppt)</strong></td>
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| 1815 - 1900 | **Sepsis Rap Session** | **David Tinklepaugh, NREMT-P**
|             |                                                                         | Director, Southern Tier Paramedic Program |
| 1900 - 2030 | **Sepsis Update, QI data and EMS Case Study Review** | **Dr. Zev Wimpfheimer, ACEP**
|             |                                                                         | Our Lady of Lourdes Emergency Department |
| 2030 - 2100 | **Questions, door prizes and survey** |                                                                         |

**Class participants are placed in groups and each table will have a “Sepsis Map.” Participants will complete the “map sections as a group, then the rap session moderator will have a “white board” session and all tables will collaborate their knowledge.**

**Moderator will present a sepsis update with local EMS ePCR QI data (at 1 year and a 5/6 month review). In addition, there will be EMS chart reviews for patients who presented to our emergency department.**
Sepsis Risk Factors
- Age
- Recent travel
- Previously documented infection or illness
- Recent antibiotic usage
- Bedridden or immobile
- Malnutrition
- Prosthetic or indwelling devices
- Immunization status
- History of present illness
- Medical and Surgical history (co-morbidities)
  - Source of infection
  - Inflammatory diseases
  - Pulmonary
  - Genitourinary tract/Renal
  - Gastrointestinal
  - Tissue/Dermatologic Injury
  - Trauma
  - Chronic illness

Clinical Presentation
Patients with possible sepsis can present with symptoms of:
- Fever or chills
- Mental status changes
- Rash and/or excessive bruising
- Muscle aches
- Delayed capillary refill
- High or low blood sugar

Vital Signs
Patients with possible sepsis can present with:
- Heart rate >90
- Respiratory rate > 20 or PaCO2 < 32mmHg
- Temperature >100.4 F or <96.8 F

Lourdes EMS QI Program
EMS Contribution is KEY in Sepsis Care
The Lourdes ED-EMS Quality Improvement Program goal is help remove any barriers regarding sepsis for our local EMS providers. EMS provides more treatment and transports of patients with a diagnosis of sepsis than STEMIs or stroke (Seymour, et al 2012). Providing continued education, updates on patient assessment, documentation and current research review will help EMS with sepsis recognition, improve their knowledge about the syndrome and transition of care upon arrival to the hospital (Van der Wekken, et al 2016).

The Future
The future of EMS and sepsis care includes improving time to treatments, outcome measures, developing better patient care standards and implementing future pre-hospital pilots.

Sepsis Round Table
Sepsis Continuing Education Night with EMS Case Reviews
Our Lady of Lourdes Hospital Lecture Hall
November 2, 2017 at 6 PM
Straight Talkin’ Sepsis

Join us for a Sepsis Rap Session with updated QI data and EMS Chart Reviews!
Keynote Speaker: Dr. Zev Wimpfheimer, ACEP

NOVEMBER 2, 2017
1800-2100
FOOD AND REFRESHMENTS SERVED
Sepsis Awareness Month

In 2011, Sepsis Alliance designated September as Sepsis Awareness Month. By devoting September as the official month to get involved and make a difference with sepsis awareness, more organizations, healthcare systems, and individuals are able to make a concentrated effort on sharing information about sepsis.

September 13th has been declared World Sepsis Day by the Global Sepsis Alliance.

Miami Sepsis Score

The Pre-hospital Sepsis Score (PSS) or the Miami Sepsis Score (MSS) was cultivated based on The Pre-Hospital Sepsis Project (PSP) adult study that aimed to improve the care of pre-hospital septic patients.

(Baez 2015)

The Shock Index (SI)

Shock Index (SI) is defined as heart rate / systolic blood pressure. An SI >0.7 or greater is more likely to present with sepsis/septic shock. (Berger, et al 2013)

Differential Diagnosis

Some differentials that mimic sepsis to consider but not limited to:
- Cardiogenic shock
- Hypovolemic shock
- Neurogenic shock
- Dehydration
- Toxicological emergency
- DKA
- Hyperthyroidism/adrenal insufficiency
- Medication/drug interaction
- Non-septic infection
- Allergic reaction/anaphylaxis
- Acute Pancreatitis
- Burns
- Pulmonary embolism
- Alcohol withdrawal

Miami Sepsis Score

1 point is low risk, 2 points is moderate risk, and 3–4 points is high risk.

<table>
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<tr>
<th>Points</th>
<th>Variables</th>
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<tbody>
<tr>
<td>1</td>
<td>Body temperature ≥ 38 degrees C/100.4 degrees F (obligatory)</td>
</tr>
<tr>
<td>1</td>
<td>Respiratory rate ≥ 22 breaths per minute</td>
</tr>
<tr>
<td>2</td>
<td>Shock index ≥ 0.7</td>
</tr>
<tr>
<td></td>
<td>Total Miami Sepsis Score</td>
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