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Treating Early Sepsis Outside of the ICU Using a Bundle of Interventions

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Plan
To decrease cost and length of stay for sepsis patients by standardizing treatment in the progressive care units (PCUs).

Do
- Order Set Development (intervention examples include):
  - 500mL fluid bolus if: HR greater than 100, UOP less than 30mL/hr, or SBP less than 90.
  - Lactic Acid stat and every 3 hours
  - Antibiotic selection based on infection source
  - Transfer to the ICU if HR remains greater than 100 or SBP remains less than 90 despite fluid boluses; increased oxygen requirement; lactic acid not trending down; or new mental status changes
- Staff and Provider Education:
  - Simulation
  - Posters
  - Emails
  - CBT
  - 1:1 coaching and follow up
  - Tip Sheets/Check lists
  - Ongoing follow up

Check

Act
- September 2013
  - Septicemia Task Force identified need for bundled care in the PCUs
  - Formed a PCU Sepsis Team
- January 2014
  - Non-ICU Sepsis order set Go-Live
  - Mandatory MPCU RN and PCA education
  - Provider education
- March 2014
  - Order Set Revisions
  - 1:1 feedback
  - Updated sepsis simulation incorporated into PCU training
  - Mandatory sepsis simulation
- April – October 2014
  - Ongoing monitoring
- November 2014
  - Further order set revisions
  - Spread and education provided to Neuro and Surgical Progressive Care Units
- December 2014 – Current
  - Ongoing monitoring
  - On boarding NPCU and SPCU in process measure evaluation

Team Members
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