# **Figure 1 Providence** St. Joseph Hospital

# Background

	Sepsis, a clinical syndrome of dysregulated host response to infection leading to life- threatening organ dysfunction, is a leading cause of global
	morbidity and mortality
•	Contributes to an estimated 30-
	50% of inpatients deaths in the United States
•	It is further estimated that 80%
	of all sepsis deaths could have
	been prevented with earlier
	diagnosis and initiation of
	medical treatments
•	A retrospective analysis of
	patients with sepsis and septic
	shock demonstrated an
	association of improved mortality
	if fluid was given in the first 3
	hours, rather than later

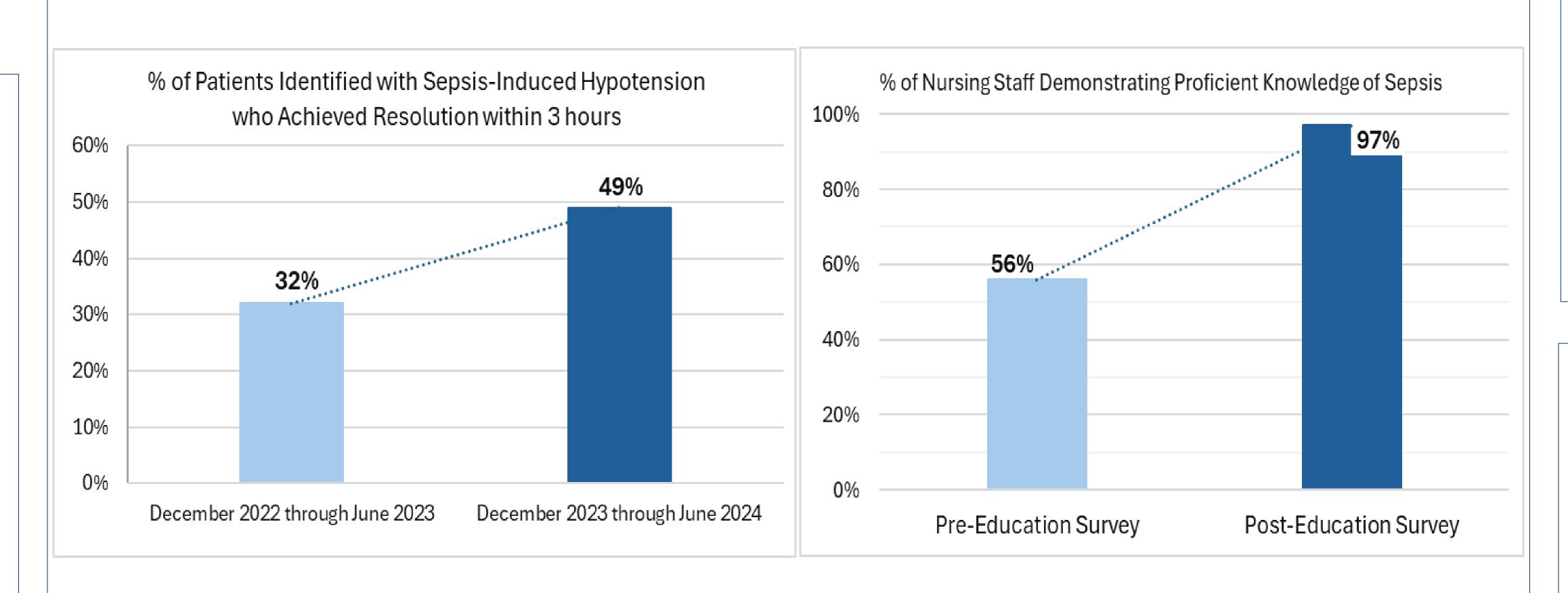
## Purpose

The aim of this project is to achieve sepsis-induced hypotension resolution within three hours through improved nursing knowledge and early recognition of sepsis

# **Early Recognition of Sepsis-Induced Hypotension in DSU** Rebeca Zamora, RN, BSN, PCCN

## Methods

Education was provided to staff regarding sepsis pathophysiology, early recognition, and prompt treatment Nurses utilized existing tools: Sepsis Early Detection and Treatment Algorithm, SJO Severe Sepsis Hypotension & Septic Shock CODE SEPSIS: NICOM Passive Leg Raise (PLR) Fluid Resuscitation Pathways Algorithm, and the Noninvasive Cardiac Output Monitoring (NICOM) device



#### References available upon request.

### Results

Pre- and post-education surveys demonstrated improved nursing knowledge: 56% Pre-Education | 97% Post-Education Results demonstrate improvement from December 2023 to June 2024, 49% of patients identified with sepsisinduced hypotension achieved resolution within three hours versus 32% from December 2022 to June 2023



#### Discussion

Education was provided to DSU nurses during a mandatory annual session. This included sepsis early recognition and prompt treatment Essential to include contract RNs in ongoing education Delays in the resolution of sepsisinduced hypotension were related to multiple comorbidities & change in acuity requiring higher level of care

## Implications for Practice

Staff education can impact the time in which sepsis-induced hypotension can be resolved Ongoing education can identify deficits in practice Prompt treatment produced resolution of sepsis-induced hypotension within three hours

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