Sepsis Education for the Primary Nurse with Swift Intervention leads to Successful Outcomes

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Sepsis Education for the Primary Nurse With Swift Intervention Leads to Successful Outcomes

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**Introduction /Background**

Early identification and aggressive treatment are primary goals in the treatment of severe sepsis or septic shock (Rivers, E.C. 2001). In 2004, international guidelines for the treatment of severe sepsis or septic shock were published under the auspices of the Surviving Sepsis Campaign. In 2012, The Society of Critical Care Medicine guidelines reinforced the importance of routine screening and early identification of patients with sepsis and allowed early implementation therapy which reduced mortality and cost. Nurses on the medical-surgical units did not routinely screen for sepsis and therefore, patients with sepsis/septic shock were not identified and treatment was delayed.

**Define Clinical Practice Question**

• “Does the implementation of an evidence-based educational intervention increase medical-surgical nurses’ knowledge of early sepsis identification on post-test when compared with pre-test?”

**Assess**

• A literature review was conducted on sepsis education and early recognition of sepsis.

• The data trend from BHSF indicated that from 2011-2014 more patients died from septic shock than predicted.

**Plan**

• The Clinical Nurse Educator group at Homestead Hospital went to nursing leadership to get permission for staff to be paid for the education which was overwhelmingly agreed upon.

• IRB approval was granted in March 2016.

• A continuing education course was created along with a test aimed at assessing nurses’ knowledge of early sepsis identification, intervention and follow-up care.

**Implement**

• An educational PowerPoint was created along with a pre-test/post-test.

• Medical-Surgical Nurses attended a 1 hour CEU course on Sepsis.

• A pre-test was administered to the education, the education was provided and then a post-test was given.

**Evaluate**

To determine if the implementation of an evidence-based educational intervention increased medical-surgical nurses’ knowledge of early sepsis identification, data were analyzed using Wilcoxon Signed-Rank Test. The resulting test statistic V = 3687.5, p = .000 (one sided) indicated that the implementation of an evidence-based educational intervention did increase medical-surgical nurses’ knowledge of early sepsis identification. On a scale of 100, The median score for the pre-test was 70 (IQR = 60 – 80) while the median score for the post-test was 80 (IQR = 70 – 90)

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**References**

