

SEPSIS

Mate whakatāoke

Committed to equitably improving recognition and management of sepsis

RAISE THE FLAG *Could it be Sepsis?*

Te Whatu Ora
Health New Zealand
Waitaha Canterbury

Update 008, 14 November 2022

Contact us: sepsis@cdhb.health.nz

WORLD ANTIMICROBIAL AWARENESS WEEK

18 – 24 November 2022

- Antimicrobial resistance (AMR) poses an immense threat for sepsis care.
- Timely administration of antimicrobial therapy is a critical component of sepsis management, but antimicrobial use also exposes patients to harms including selection of resistant pathogens, which can spread.
- Uncertainty in sepsis diagnosis can result in antimicrobials being given when not required (“*give antibiotics now, ask questions later*”), and sometimes with a broader spectrum or longer duration than needed.
- Balancing the tension between AMR and sepsis can be tricky as they are often viewed differently (see Table).
- Here, we offer some ideas about how you can incorporate antimicrobial stewardship (AMS) into sepsis care.

INCORPORATING AMS INTO ADULT SEPSIS CARE

- Use our [Sepsis Screening and Action Tool](#) to help with decision making. It may help strike a balance between promptly managing severe infection and avoiding antimicrobial overuse. Read more about the tool [here](#).
- Take blood cultures before giving antimicrobials.
- Use our recommended antimicrobial regimens in Hospital HealthPathways [Sepsis in Adults](#) or [Immunosuppressed Patients](#). If you deviate from these, document the reason in the clinical record.
- Document the indication for antimicrobial use in the prescription. Make sure it is meaningful. See [bulletin](#).
- Seek early source control.
- Review antimicrobial therapy daily for a timely shift to directed therapy, de-escalation, or IV to oral switch.
- Seek early advice from relevant speciality services on choice of antimicrobial agent or dosing regimen.

Table: Differences in framing of sepsis and AMR¹

Problem aspect	Sepsis	AMR
Geographical scope	National/local	Global
Problem definition	Individual patient safety	Public health issue
Immediacy of threat	Immediate	Future
Concreteness of threat	Concrete	Vague
Emotive nature	Emotional	Abstract
Complexity	Straight forward	Complicated
Responsibility	Individuals	Government
Solution	Behavioural	Biological/technical

¹ Fitzpatrick F, et al. *BMJ Qual Saf* 2019;28:758–61.

SEPSIS EDUCATION SESSION THIS WEEK

- WHO Dr Paul Huggan, Sepsis Trust NZ
- WHEN 17 November 2022 12:30 – 13:30 h
- WHERE Rolleston Lecture Theatre, or on Zoom:
<https://cdhbhealth.zoom.us/j/85486406935>

ADULT SEPSIS HAPPENINGS IN OCTOBER 2022

- [Sepsis Screening and Action Tool](#) (adults) was used in Cortex (‘clinical note’ – ‘adult sepsis form’) eight times, and the [PDF](#) has been used in ED. This is a good start!
- Hospital HealthPathways [Sepsis in Adults](#) was accessed ~400 times, twice the use in October 2021.

SEPSIS WINNERS

Quiz:

Thank you to everyone who entered our [quiz](#), marking the launch of our Raise the Flag sepsis program. Small prizes are on their way to:

- **Hillmorton Hospital:** Mark McBride
- **Ashburton Hospital:** Cathy Wright & Linda Robinson
- **Christchurch Hospital:** Christine Chandler, Amanda Titheridge & Josie Copland
- **Darfield Hospital:** Rachel Moore
- **Princess Margaret Hospital:** Gregory Mills

Sepsis star:

A token of thanks is on its way to Becky Gibbons to acknowledge her dedication to the sepsis program in ED.

HealthLearn sepsis course:

Thanks to the 41 staff who completed this course and entered our competition. Jane Foster (Older Person’s Health) has won the draw!



We thank Sepsis Trust NZ for their leadership and support, and for allowing us to adapt their *RAISE THE FLAG* resources for this Waitaha Canterbury sepsis initiative. See www.sepsis.org.nz