POSTER ABSTRACT

Management of Sepsis in Primary Care

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The overall mortality rate for severe sepsis is 35% - approximately five times higher than for STEMI or stroke\(^1\). The majority of episodes arise from community-acquired, rather than healthcare-associated, infection\(^2\). The campaign in secondary care has increased awareness and helped to structure the management of sepsis once the patient reaches hospital. However, it is essential that sepsis is recognized early in order for the patient to reach hospital soon enough to avoid serious complication or death.

Criteria for the identification of severe sepsis are focused on a hospital setting and demand full laboratory services with rapid delivery of results. These criteria are less appropriate when attempting to identify severe sepsis in the community.

In order to address this gap, the UK Sepsis Trust has developed the concept of 'Red Flag Sepsis' using abnormal physiology rather than waiting for lab results\(^2\). This concept forms the basis for the UK Sepsis Trust General Practice Screening and Action Tool\(^3\).

The aim of this initiative was to utilise the UK Sepsis Trust General Practice Screening and Action Tool\(^3\) to:

- Improve awareness of severe sepsis
- Increase levels of screening for severe sepsis
- Improve levels of recording and documentation of vital signs in patients with potential for severe sepsis
- Improve levels of identification of severe sepsis
- Improve management of sepsis and severe sepsis
- Facilitate better documentation of consultations involving assessment for severe sepsis
- Facilitate timely referral to secondary care where appropriate

This was achieved by developing a structured protocol for sepsis management in the community in the form of an electronic pro-forma based on the UK Sepsis Trust General Practice Screening and Action Tool which was integrated into the existing electronic health record.
A number of General Practice software systems exist. However, they all have similar capabilities. General practitioners are already very familiar with utilising electronic pro-formas of this kind when managing other conditions. Consequently one would expect the implementation of an intervention of this kind to be smooth as the need for education and training would be minimal (an initiative to raise awareness should be sufficient) and it would be easily transferable between practices.

References:
1- Seymour CW, Rea TD, Kahn JM, et al. Severe Sepsis in Pre-Hospital Emergency Care: Analysis of Incidence, Care, and Outcome. American Journal of Respiratory and Critical Care Medicine 2012; 186(12): 1264–1271

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