Sepsis bulletin – December 2017
Compiled by John Gale – JET Library
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Author(s): Balamuth, Fran; Alpern, Elizabeth R; Abbadessa, Mary Kate; Hayes, Katie; Schast, Aileen; Lavelle, Jane; Fitzgerald, Julie C; Weiss, Scott L; Zorc, Joseph J

Source: Annals of Emergency Medicine; Dec 2017; vol. 70 (no. 6); p. 759-759

Publication Date: Dec 2017

Publication Type(s): Academic Journal

PubMedID: 28583403

Abstract: Study Objective: Recognition of pediatric sepsis is a key clinical challenge. We evaluate the performance of a sepsis recognition process including an electronic sepsis alert and bedside assessment in a pediatric emergency department (ED). Methods: This was a cohort study with quality improvement intervention in a pediatric ED. Exposure was a positive electronic sepsis alert, defined as elevated pulse rate or hypotension, concern for infection, and at least one of the following: abnormal capillary refill, abnormal mental status, or high-risk condition. A positive electronic sepsis alert prompted team assessment or huddle to determine need for sepsis protocol. Clinicians could initiate team assessment or huddle according to clinical concern without positive electronic sepsis alert. Severe sepsis outcome defined as activation of the sepsis protocol in the ED or development of severe sepsis requiring ICU admission within 24 hours. Results: There were 182,509 ED visits during the study period, with 86,037 before electronic sepsis alert implementation and 96,472 afterward, and 1,112 (1.2%) positive electronic sepsis alerts. Overall, 326 patients (0.3%) were treated for severe sepsis within 24 hours. Test characteristics of the electronic sepsis alert alone to detect severe sepsis were sensitivity 86.2% (95% confidence interval [CI] 82.0% to 89.5%), specificity 99.1% (95% CI 99.0% to 99.2%), positive predictive value 25.4% (95% CI 22.8% to 28.0%), and negative predictive value 100% (95% CI 99.9% to 100%). Inclusion of the clinician screen identified 43 additional electronic sepsis alert-negative children, with severe sepsis sensitivity 99.4% (95% CI 97.8% to 99.8%) and specificity 99.1% (95% CI 99.1% to 99.2%). Electronic sepsis alert implementation increased ED sepsis detection from 83% to 96%. Conclusion: Electronic sepsis alert for severe sepsis demonstrated good sensitivity and high specificity. Addition of clinician identification of electronic sepsis alert-negative patients further improved sensitivity. Implementation of the electronic sepsis alert was associated with improved recognition of severe sepsis.

Database: CINAHL

CDC launches campaign to catch sepsis early.

Author(s):

Source: Briefings on Hospital Safety; Dec 2017; vol. 25 (no. 12); p. 4-5
**Publication Date:** Dec 2017  
**Publication Type(s):** Periodical  
Available at [Briefings on Hospital Safety](#) - from EBSCO (CINAHL with Full Text)  
Available at [Briefings on Hospital Safety](#) - from ProQuest (Hospital Premium Collection) - NHS Version  
**Database:** CINAHL

**Time Course of Septic Shock in Immunocompromised and Nonimmunocompromised Patients.**

**Author(s):** Jamme, Matthieu; Daviaud, Fabrice; Charpentier, Julien; Marin, Nathalie; Thy, Michaël; Hourmant, Yannick; Mira, Jean-Paul; Pène, Frédéric  
**Source:** Critical Care Medicine; Dec 2017; vol. 45 (no. 12); p. 2031-2039  
**Publication Date:** Dec 2017  
**Publication Type(s):** Academic Journal  
**PubMedID:** 28937407  
Available at [Critical care medicine](#) - from Ovid (Journals @ Ovid)  

**Abstract:** Objectives: To address the impact of underlying immune conditions on the course of septic shock with respect to both mortality and the development of acute infectious and noninfectious complications. Design: An 8-year (2008-2015) monocenter retrospective study. Setting: A medical ICU in a tertiary care center. Patients: Patients diagnosed for septic shock within the first 48 hours of ICU admission were included. Patients were classified in four subgroups with respect to their immune status: nonimmunocompromised and immunocompromised distributed into hematologic or solid malignancies and nonmalignant immunosuppression. Outcomes were in-hospital death and the development of ischemic and hemorrhagic complications and ICU-acquired infections. The determinants of death and complications were addressed by multivariate competing risk analysis. Interventions: None. Measurements and Main Results: Eight hundred one patients were included. Among them, 305 (38%) were immunocompromised, distributed into solid tumors (122), hematologic malignancies (106), and nonmalignant immunosuppression (77). The overall 3-day, in-ICU, and in-hospital mortality rates were 14.1%, 37.3%, and 41.3%, respectively. Patients with solid tumors displayed increased in-hospital mortality (cause-specific hazard, 2.20 [95% CI, 1.64-2.96]; p < 0.001). ICU-acquired infections occurred in 211 of the 3-day survivors (33%). In addition, 95 (11.8%) and 70 (8.7%) patients exhibited severe ischemic or hemorrhagic complications during the ICU stay. There was no association between the immune status and the occurrence of ICU-acquired infections. Nonmalignant immunosuppression and hematologic malignancies were independently associated with increased risks of severe ischemic events (cause-specific hazard, 2.12 [1.14-3.96]; p = 0.02) and hemorrhage (cause-specific hazard, 3.17 [1.41-7.13]; p = 0.005), respectively. Conclusions: The underlying immune status impacts on the course of septic shock and on the susceptibility to ICU-acquired complications. This emphasizes the
complexity of sepsis syndromes in relation with comorbid conditions and raises the question of the relevant endpoints in clinical studies.

**Database**: CINAHL

**In Our Unit: The Impact of Early Identification and a Critical Care-Based Sepsis Response Team on Sepsis Outcomes.**

**Author(s)**: Maclay, Tammy

**Source**: Critical Care Nurse; Dec 2017; vol. 37 (no. 6); p. 88-91

**Publication Date**: Dec 2017

**Publication Type(s)**: Academic Journal

Available at [Critical Care Nurse](https://www.criticalcarenurse.com) - from EBSCO (CINAHL with Full Text)

Available at [Critical Care Nurse](https://www.criticalcarenurse.com) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [Critical Care Nurse](https://www.criticalcarenurse.com) - from ProQuest (Medical Database) - New Platform

**Abstract**: The article details the formation of a critical care-based team that focuses on sepsis care at Chambersburg Hospital in Pennsylvania and discusses its impact on sepsis outcomes. Topics mentioned include the contributing factors to the heightened awareness of sepsis including readmission rate and length of hospital stay, the algorithm for sepsis alert, and the importance of early detection of sepsis.

**Database**: CINAHL

**Effects of Target Temperature Management on the Outcome of Septic Patients with Fever.**

**Author(s)**: Gao, Ye; Zhu, Jianjun; Yin, Chenyu; Zhu, Jianliang; Zhu, Tao; Liu, Lijun

**Source**: BioMed Research International; Nov 2017; p. 1-10

**Publication Date**: Nov 2017

**Publication Type(s)**: Academic Journal

Available at [BioMed Research International](https://www.biomedcentral.com) - from Europe PubMed Central - Open Access

Available at [BioMed Research International](https://www.biomedcentral.com) - from EBSCO (MEDLINE Complete)

Available at [BioMed Research International](https://www.biomedcentral.com) - from Hindawi Open Access Journals

Available at [BioMed Research International](https://www.biomedcentral.com) - from Free Medical Journals . com

**Abstract**: Objectives. To investigate the effects of target temperature management on hemodynamic changes, inflammatory and immune factors, and clinical outcomes of sepsis patients with fever. Methods. Patients diagnosed with sepsis with a core temperature of ≥39°C were randomly divided into two groups: a low-temperature group (LT group: 36.5°C–38°C) and a high-temperature group (HT group: 38.5°C–39.5°C). A target core temperature
was achieved within 6 hrs posttreatment and maintained for 24 hrs. Then, the hemodynamic changes, inflammatory and immune factors, and clinical outcomes were evaluated. Results. Compared with the HT group, C-reactive protein (CRP), procalcitonin (PCT), interleukin-6 (IL-6), and tumor necrosis factor-α (TNF-α) showed a significant decrease in the LT group (P<0.05). In contrast, IL-4 and IL-10 were higher in the LT group than in the HT group (P<0.05). The CD4-T lymphocyte (CD4+), CD8-T lymphocyte (CD8+), and monocytic human leukocyte antigen-DR (mHLA-DR) in the LT group were higher than in the HT group (P<0.05). The ICU stay and the anti-infection treatment costs were higher in the LT group (P<0.05). Conclusion. Low-temperature management of patients resulted in a low level of proinflammatory cytokines. Excessive temperature control in sepsis patients with fever may be harmful.

Database: CINAHL

**Designated Nurses Identify and Treat Patients With Sepsis.**

**Author(s):**
**Source:** AACN Bold Voices; Nov 2017; vol. 9 (no. 11); p. 8-8
**Publication Date:** Nov 2017
**Publication Type(s):** Periodical
Available at AACN bold voices - from EBSCO (CINAHL with Full Text)
**Database:** CINAHL

**Patients Previously Considered in Septic Shock May Be Missed Under New Sepsis-3 Septic Shock Definition.**

**Author(s):**
**Source:** AACN Bold Voices; Nov 2017; vol. 9 (no. 11); p. 8-8
**Publication Date:** Nov 2017
**Publication Type(s):** Periodical
Available at AACN bold voices - from EBSCO (CINAHL with Full Text)
**Database:** CINAHL

**Comparison of QSOFA score and SIRS criteria as screening mechanisms for emergency department sepsis.**

**Author(s):** Haydar, Samir; Spanier, Matthew; Weems, Patricia; Wood, Samantha; Strout, Tania
**Source:** American Journal of Emergency Medicine; Nov 2017; vol. 35 (no. 11); p. 1730-1733
Abstract: Objectives: The Quick Sequential [Sepsis-related] Organ Failure Assessment (qSOFA) score has been shown to accurately predict mortality in septic patients and is part of recently proposed diagnostic criteria for sepsis. We sought to ascertain the sensitive of the score in diagnosing sepsis, as well as the diagnostic timeliness of the score when compared to traditional systemic inflammatory response syndrome (SIRS) criteria in a population of emergency department (ED) patients treated in the ED, admitted, and subsequently discharged with a diagnosis of sepsis. Methods: Electronic health records of 200 patients who were treated for suspected sepsis in our ED and ultimately discharged from our hospital with a diagnosis of sepsis were randomly selected for review from a population of adult ED patients (N=1880). Data extracted included the presence of SIRS criteria and the qSOFA score as well as time required to meet said criteria. Results: In this cohort, 94.5% met SIRS criteria while in the ED whereas only 58.3% met qSOFA. The mean time from arrival to SIRS documentation was 47.1 min (95% CI: 36.5-57.8) compared to 84.0 min (95% CI: 62.2-105.8) for qSOFA. The median ED "door" to positive SIRS criteria was 12 min and 29 min for qSOFA. Conclusions: Although qSOFA may be valuable in predicting sepsis-related mortality, it performed poorly as a screening tool for identifying sepsis in the ED. As the time to meet qSOFA criteria was significantly longer than for SIRS, relying on qSOFA alone may delay initiation of evidence-based interventions known to improve sepsis-related outcomes.

Database: CINAHL

The effect of providing clinical performance feedback on compliance with sepsis bundles in the emergency department.

Author(s): Wozniak, Joanne; Lei, Yuxiu; Dargin, James

Source: American Journal of Emergency Medicine; Nov 2017; vol. 35 (no. 11); p. 1772-1773

Publication Date: Nov 2017
Publication Type(s): Academic Journal
PubMedID: 28526595

Available at The American journal of emergency medicine - from ProQuest (Medical Database) - New Platform
Available at The American journal of emergency medicine - from ProQuest (Hospital Premium Collection) - NHS Version
**Sepsis in the Community.**

**Author(s):** Karikari-Boateng, Dorothy  
**Source:** Community Practitioner; Nov 2017; vol. 90 (no. 11); p. 32-35  
**Publication Date:** Nov 2017  
**Publication Type(s):** Academic Journal  
Available at Community practitioner : the journal of the Community Practitioners’ & Health Visitors’ Association - from ProQuest (Medical Database) - New Platform  
Available at Community practitioner : the journal of the Community Practitioners’ & Health Visitors’ Association - from ProQuest (Hospital Premium Collection) - NHS Version  
**Abstract:** The article provides information about sepsis, including its definition, causes, and symptoms, and what a community practitioner can do when confronted with a suspected case of sepsis in the community. Topics discussed include sepsis as a life-threatening infection that overwhelsms the immune system, people at risk of developing sepsis, and the need for community practitioners to make parents and carers aware of the signs and symptoms of sepsis.  
**Database:** CINAHL

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**Investigating the Impact of Different Suspicion of Infection Criteria on the Accuracy of Quick Sepsis-Related Organ Failure Assessment, Systemic Inflammatory Response Syndrome, and Early Warning Scores.**

**Author(s):** Churpek, Matthew M.; Snyder, Ashley; Sokol, Sarah; Pettit, Natasha N.; Edelson, Dana P.  
**Source:** Critical Care Medicine; Nov 2017; vol. 45 (no. 11); p. 1805-1812  
**Publication Date:** Nov 2017  
**Publication Type(s):** Academic Journal  
**PubMedID:** 28737573  
Available at Critical care medicine - from Ovid (Journals @ Ovid)  
**Abstract:** Objective: Studies in sepsis are limited by heterogeneity regarding what constitutes suspicion of infection. We sought to compare potential suspicion criteria using antibiotic and culture order combinations in terms of patient characteristics and outcomes. We further sought to determine the impact of differing criteria on the accuracy of sepsis screening tools and early warning scores. Design: Observational cohort study. Setting: Academic center from November 2008 to January 2016. Patients: Hospitalized patients outside the ICU. Interventions: None. Measurements and Main Results: Six criteria were investigated: 1) any culture, 2) blood culture, 3) any culture plus IV antibiotics, 4) blood culture plus IV
antibiotics, 5) any culture plus IV antibiotics for at least 4 of 7 days, and 6) blood culture plus IV antibiotics for at least 4 of 7 days. Accuracy of the quick Sepsis-related Organ Failure Assessment score, Sepsis-related Organ Failure Assessment score, systemic inflammatory response syndrome criteria, the National and Modified Early Warning Score, and the electronic Cardiac Arrest Risk Triage score were calculated for predicting ICU transfer or death within 48 hours of meeting suspicion criteria. A total of 53,849 patients met at least one infection criteria. Mortality increased from 3% for group 1 to 9% for group 6 and percentage meeting Angus sepsis criteria increased from 20% to 40%. Across all criteria, score discrimination was lowest for systemic inflammatory response syndrome (median area under the receiver operating characteristic curve, 0.60) and Sepsis-related Organ Failure Assessment score (median area under the receiver operating characteristic curve, 0.62), intermediate for quick Sepsis-related Organ Failure Assessment (median area under the receiver operating characteristic curve, 0.65) and Modified Early Warning Score (median area under the receiver operating characteristic curve 0.67), and highest for National Early Warning Score (median area under the receiver operating characteristic curve 0.71) and electronic Cardiac Arrest Risk Triage (median area under the receiver operating characteristic curve 0.73). Conclusions: The choice of criteria to define a potentially infected population significantly impacts prevalence of mortality but has little impact on accuracy. Systemic inflammatory response syndrome was the least predictive and electronic Cardiac Arrest Risk Triage the most predictive regardless of how infection was defined.

Database: CINAHL

**Association of Gender With Outcome and Host Response in Critically Ill Sepsis Patients.**

Author(s): van Vught, Lonneke A.; Scicluna, Brendon P.; Wiewel, Maryse A.; Hoogendijk, Arie J.; Klein Klouwenberg, Peter M. C.; Ong, David S. Y.; Cremer, Olaf L.; Horn, Janneke; Franitza, Marek; Toliat, Mohammad R.; Nürnberg, Peter; Bonten, Marc M. J.; Schultz, Marcus J.; van der Poll, Tom

Source: Critical Care Medicine; Nov 2017; vol. 45 (no. 11); p. 1854-1862

Publication Date: Nov 2017

Publication Type(s): Academic Journal

PubMedID: 28806220

Available at [Critical care medicine](https://www.jci.org/) - from Ovid (Journals @ Ovid)

Abstract:Objective: To determine the association of gender with the presentation, outcome, and host response in critically ill patients with sepsis. Design and Setting: A prospective observational cohort study in the ICU of two tertiary hospitals between January 2011 and January 2014. Patients: All consecutive critically ill patients admitted with sepsis, involving 1,815 admissions (1,533 patients). Interventions: The host response was evaluated on ICU admission by measuring 19 plasma biomarkers reflecting organ systems implicated in sepsis pathogenesis (1,205 admissions) and by applying genome-wide blood gene expression profiling (582 admissions). Measurements and Main Results: Sepsis patients admitted to the...
ICU were more frequently males (61.0%; p < 0.0001 vs females). Baseline characteristics were not different between genders. Urosepsis was more common in females; endocarditis and mediastinitis in men. Disease severity was similar throughout ICU stay. Mortality was similar up to 1 year after ICU admission, and gender was not associated with 90-day mortality in multivariate analyses in a variety of subgroups. Although plasma proteome analyses (including systemic inflammatory and cytokine responses, and activation of coagulation) were largely similar between genders, females showed enhanced endothelial cell activation; this difference was virtually absent in patients more than 55 years old. More than 80% of the leukocyte blood gene expression response was similar in male and female patients. Conclusions: The host response and outcome in male and female sepsis patients requiring ICU admission are largely similar.

**Database:** CINAHL

**Machine Learning and Sepsis: On the Road to Revolution.**

**Author(s):** Liu, Vincent X.; Walkey, Allan J.

**Source:** Critical Care Medicine; Nov 2017; vol. 45 (no. 11); p. 1946-1947

**Publication Date:** Nov 2017

**Publication Type(s):** Academic Journal

**PubMedID:** 29028697

Available at [Critical care medicine](https://criticalcaremedicine.com) - from Ovid (Journals @ Ovid)

**Abstract:** The article discusses some machine learning approaches used in developing and validating the electronic Cardiac Arrest Risk Triage (eCART) score among hospitalized ward patients with sepsis. It examines the performance of eCART and determined that it remained consistent even as the inclusion cohort criteria varied from minimal evidence of suspected infection. It mentions that sepsis is one of the most common cause of hospitalization in the U.S.

**Database:** CINAHL

**Quick Sequential Organ Failure Assessment: Illness Severity Indicator, Clinical Decision Support Tool, or Both?**

**Author(s):** Govindan, Sushant; Prescott, Hallie C.

**Source:** Critical Care Medicine; Nov 2017; vol. 45 (no. 11); p. 1947-1949

**Publication Date:** Nov 2017

**Publication Type(s):** Academic Journal

**PubMedID:** 29028698

Available at [Critical care medicine](https://criticalcaremedicine.com) - from Ovid (Journals @ Ovid)
Abstract: The article discusses the application of quick Sequential Organ Failure Assessment (qSOFA) as illness severity indicator and clinical decision support tool in the diagnosis of sepsis. It mentions that sepsis is a life-threatening acute organ dysfunction due to a dysregulated host response to infection. It notes that the sensitivity of qSOFA for critical care intervention (CCI) and mortality is low.

Database: CINAHL

Sepsis in the Critically Ill—Does Gender Matter?

Author(s): Jawa, Randeep S.; Kew, Richard R.

Source: Critical Care Medicine; Nov 2017; vol. 45 (no. 11); p. 1957-1959

Publication Date: Nov 2017

Publication Type(s): Academic Journal

PubMedID: 29028703

Available at Critical care medicine - from Ovid (Journals @ Ovid)

Database: CINAHL

Aspirin for Sepsis Prophylaxis: An Ounce of Prevention?

Author(s): Casey, Jonathan D.; Semler, Matthew W.; Bastarache, Julie A.

Source: Critical Care Medicine; Nov 2017; vol. 45 (no. 11); p. 1959-1960

Publication Date: Nov 2017

Publication Type(s): Academic Journal

PubMedID: 29028704

Available at Critical care medicine - from Ovid (Journals @ Ovid)

Database: CINAHL

Unintended Consequences: Steps to Fight Sepsis Increase C. diff: Uptick in antibiotic use sets up C. diff infections.

Author(s):

Source: Hospital Infection Control & Prevention; Nov 2017; vol. 44 (no. 11); p. 13-14

Publication Date: Nov 2017

Publication Type(s): Periodical

Available at Hospital infection control & prevention. - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract: The article reports on the effort of Mount Sinai Hospital in New York City to identify potential sepsis cases and conduct antibiotic treatment that led to an increase in
Clostridium difficile infections. Topics mentioned include a national initiative to rein in antibiotic use and overuse, increase in antibiotic use after implementation of a sepsis care bundle, and an increase in risk for C. diff due to broad spectrum antibiotics.

**Database:** CINAHL

**Interprofessional Collaboration to Improve Sepsis Care and Survival Within a Tertiary Care Emergency Department.**

**Author(s):** Tedesco, Elizabeth R.; Whiteman, Kimberly; Heuston, Melanie; Swanson-Biearman, Brenda; Stephens, Kimberly

**Source:** JEN: Journal of Emergency Nursing; Nov 2017; vol. 43 (no. 6); p. 532-538

**Publication Date:** Nov 2017

**Publication Type(s):** Academic Journal

**Abstract:** Problem Sepsis is a leading cause of death in the United States; however, health care providers struggle with timely recognition, diagnosis, and treatment of patients. Both the Centers for Medicare and Medicaid Services and the National Quality Forum have identified this diagnosis as a priority. Presently, many patients with sepsis are identified late, resulting in significant morbidity and death. Methods In this project, a collaborative, interprofessional approach was created for screening and early identification of ED patients with possible sepsis. The department has 38 beds with annual patient volumes of more than 40,000 visits. Education was provided about the symptoms and treatment of patients with sepsis. A screening and management algorithm tool was instituted that consisted of early identification triggers and how to intervene according to Surviving Sepsis Campaign recommendations. The tool allowed for assessment of the patient by the ED team; the team worked to determine if sepsis was present and the extent of the illness. Results During the first 4 months after implementation, more than 240 patients were screened, assessed, and treated according to the algorithm. Project outcomes resulted in an increase in staff knowledge of sepsis, a decrease in length of stay by 3 hours, and a significant decrease in mortality when compared with the previous year’s coded data. Implications for Practice This project demonstrates that sepsis education and team collaboration are an integral part of identifying and treating patients with sepsis. An interprofessional collaborative approach could be implemented in other institutions to combat the life-threatening complications of sepsis. Image 1 Contribution to Emergency Nursing Practice • Building an interprofessional collaborative team around a disease-specific process, such as sepsis, was a successful strategy for solving a complex clinical problem. • Creating and utilizing a sepsis management tool to guide practice for emergency department health care providers was the key to success. • Implementing care in
the emergency department according to the Surviving Sepsis Campaign recommendations improved patient outcomes.

**Database:** CINAHL

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**England, US report sepsis successes.**

**Author(s):** Vogel, Lauren  
**Source:** CMAJ: Canadian Medical Association Journal; Oct 2017; vol. 189 (no. 43)  
**Publication Date:** Oct 2017  
**Publication Type(s):** Academic Journal  
**PubMedID:** 29084765  
Available at Canadian Medical Association Journal - from Europe PubMed Central - Open Access  
Available at Canadian Medical Association Journal - from ProQuest (Medical Database) - New Platform  
Available at Canadian Medical Association Journal - from ProQuest (Hospital Premium Collection) - NHS Version  
Available at Canadian Medical Association Journal - from EBSCO (MEDLINE Complete)  
**Abstract:** The article reports the accomplishments by the U.S. and England in the fight against sepsis as of October 2017. Also cited are the collaboration by the UK Sepsis Trust with the media for sepsis prevention and treatment, several sepsis victims like 12-year-old Rory Staunton, and the efforts by the New York government to fight sepsis including requiring all hospitals to create protocols for screening patients and sepsis care.  
**Database:** CINAHL

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**Sepsis kills one million newborns a year: WHO.**

**Author(s):** Vogel, Lauren  
**Source:** CMAJ: Canadian Medical Association Journal; Oct 2017; vol. 189 (no. 40)  
**Publication Date:** Oct 2017  
**Publication Type(s):** Academic Journal  
**PubMedID:** 29018091  
Available at Canadian Medical Association Journal - from Europe PubMed Central - Open Access  
Available at Canadian Medical Association Journal - from ProQuest (Medical Database) - New Platform  
Available at Canadian Medical Association Journal - from ProQuest (Hospital Premium Collection) - NHS Version
Abstract: The article discusses highlights of the September 2017 international congress on maternal and neonatal sepsis hosted by the World Health Organization (WHO) and the Global Sepsis Alliance (GSA). Topics explored include the neonatal and maternal deaths associated with sepsis, the sepsis prevention initiatives that need to be acknowledged according to Jeffrey Smith of nonprofit health organization Jhpiego, and the importance of early sepsis detection and treatment.

Database: CINAHL