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Early recognition of sepsis in the emergency department

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Sepsis is a systemic inflammatory response system typically triggered by an infection, and is associated with hypoperfusion, hypotension, and/or organ dysfunction (Hermans, Leffers, Jansen, Keulemans, & Stassen, 2012; Burney et al., 2012). Sepsis accounts for over a half million Emergency Department (ED) visits each year (Hermans, et al., 2012). According to Hermans et al. (2012), one of the biggest advancements in sepsis treatment has been promotion of Early Goal-Directed Therapy (EGDT), a key component of which is early recognition in the ED.

To date, a major driver of early sepsis recognition is the Surviving Sepsis Campaign (SSC). The SSC was initiated in 2002, and is a collaboration of the Society of Critical Care Medicine and the European Society of Intensive Care Medicine (Society of Critical Care Medicine, n.d.). Many organizations who have implemented the SSC have seen a drastic decrease in mortality related to sepsis. The SSC has bundles for treating patients with sepsis within 3-6 hours. The bundles could be incorporated into a sepsis protocol to meet the guidelines and improve patient outcomes.

Sepsis guidelines were updated in 2016 to reflect advances into the management, pathobiology, and epidemiology of sepsis. The updated guidelines provide new definitions for sepsis and septic shock, and will facilitate more timely management and assist with earlier recognition of patients at risk for developing sepsis or fit the clinical criteria for sepsis.

Biography

Nycole Oliver is a Hospitalist Nurse Practitioner and attained both Associates and Baccalaureate degrees in Nursing from the University of Arkansas, USA. She has completed both her Masters in Nursing and Doctor of Nursing Practice from the University of South Alabama. Prior to her graduation, she has worked in the Emergency Room as an Emergency Room Technician and as a Registered Nurse beginning in 2004.

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