



Sepsis Awareness Month Toolkit

CHA is committed to providing member hospitals and health systems with education and communication resources for observing and promoting *Sepsis Awareness Month* in September.

This toolkit provides a variety of education and communication pieces to help your hospital put a spotlight on sepsis and sepsis awareness. The following tools are included:

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Questions regarding sepsis education? Contact CHA infection prevention manager, Toni Foos at toni.foos@cha.com.



World Sepsis Day Pledge

<http://world-sepsis-day.org>

September | World
13 | Sepsis
2017 | Day



**Register as a
supporter of
*World Sepsis Day***

Communication Materials

Sample News Release/Newsletter Article

[HOSPITAL NAME] Recognizes Sepsis Awareness Month

[LOCATION] – [DATE] – [HOSPITAL NAME] is honoring September as Sepsis Awareness Month. Every two minutes, someone dies from sepsis in the United States – more than prostate cancer, breast cancer and AIDS combined. Nearly 17,000 Coloradans were diagnosed with sepsis in 2016, and it continues to be a crucial health condition that [HOSPITAL NAME] is working to diagnose quickly and treat.

Sepsis is the body’s response to infection and can lead to tissue damage, organ failure and death. Most often, sepsis begins outside the hospital, but it is the job of hospitals and their providers to quickly diagnose this dangerous condition and treat the patient accordingly.

[HOSPITAL] is working diligently to address sepsis in our community, by [HOW IS HOSPITAL EDUCATING STAFF AND COMMUNITY ABOUT SEPSIS]. [FOR HOSPITALS PARTICIPATING IN THE HIIN] – [HOSPITAL NAME] is also participating in a national effort, called the Hospital Improvement Innovation Network (HIIN), which is seeking to reduce all-cause inpatient harm and readmissions over the next two years. This effort is being led by the Colorado Hospital Association in Colorado and includes a focus on sepsis.

For sepsis awareness month, [HOSPITAL NAME] encourages the community to remember the signs of sepsis:

- S** Shivering, fever or very cold
- E** Extreme pain or general discomfort
- P** Pale or discolored skin
- S** Sleeping, difficult to rouse, confused
- I** “I feel like I might die”
- S** Short of breath

For more information, visit www.sepsis.org.

[HOSPITAL BOILERPLATE]

Sample Social Media Posts

Post to Twitter or Facebook during September, and if possible, include an image with your post – like one of the infographics available in the Education Materials section. You can also look at [@SepsisAlliance](#) on Twitter to retweet the organization’s posts.

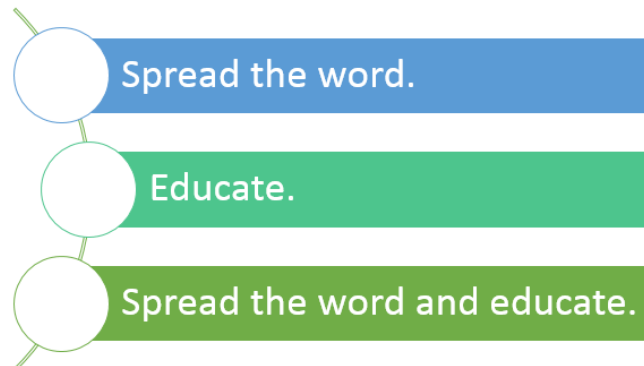
- Did you know that sepsis kills more Americans each year than prostate cancer, breast cancer and AIDS combined? Learn the facts. [LINK TO SEPSIS SYMPTOMS GRAPHIC]
- [HOSPITAL HANDLE/NAME] is committed to the early diagnosis and treatment of sepsis. Learn more about our efforts. [LINK TO PRESS RELEASE/ARTICLE]
- Sepsis is the leading cause of death in U.S. hospitals. Read more about what we are doing to prevent this deadly condition. [LINK TO ARTICLE]
- Early identification of sepsis is key to effective treatment. Learn the symptoms of sepsis today. [LINK TO SEPSIS SYMPTOMS GRAPHIC]

Media Outreach Ideas

- Send the customizable press release to your local media outlets (newspaper, TV, radio).
- Find out if there is a patient from your hospital who was treated for sepsis that can share his/her story. Obtain necessary consent from the patient, and offer local media the opportunity to interview the patient.
- Submit a letter to the editor from your hospital CEO to talk about Sepsis Awareness Month.
- Invite a local reporter to meet with your hospital’s sepsis champion to talk about sepsis and what the hospital is doing to address this issue.
- Provide local reporters with a [CDC Sepsis Fact Sheet](#)
- *Coming Soon* - Watch for customizable video & radio PSAs from [Sepsis Alliance](#)

Education Materials

- **Sepsis 101** – brief PowerPoint presentation covering sepsis basics including: what is sepsis, signs and symptoms, basic treatment bundles, post-sepsis symptoms, etc. This presentation may be modified to suit your education needs for both staff and community members. [Download PowerPoint](#)
- **Nursing Educational Video** – This Sepsis Alliance tool debuted at the 2017 National Teaching Institute & Critical Care Exposition and is free and available to the public. Hospitals and health care systems are encouraged to share this tool at their next continuing education session or staff meeting to refresh staff on early identification of sepsis. [Download Video](#)
- **Faces of Sepsis Video** – Share this impactful 5-minute video with staff. Be creative and thorough. How many orientations, trainings, department meetings, hospital meetings, board meetings, etc. can you share this video at? Look for opportunities to share beyond your immediate area. [Access Vimeo Video](#)
- **Videos – Miscellaneous**
 - JAMA – Consensus Definitions for Sepsis and Septic Shock [Access YouTube Video](#)
 - Healthgrades – What is Sepsis? [Access YouTube Video](#)
 - Kern Medical Center – Sepsy Back (musical parody) [Access YouTube Video](#)



- **CDC Sepsis Fact Sheet** – Print this informational sheet and provide as handouts to patients, visitors and staff. Place in waiting rooms and at the front desk. Provide copies for your clinics, nursing homes and other ancillary locations. [Access here](#)



SEPSIS FACT SHEET
A POTENTIALLY DEADLY OUTCOME FROM AN INFECTION

What is sepsis?
Sepsis is the body's overwhelming and life-threatening response to an infection which can lead to tissue damage, organ failure, and death.

When can you get sepsis?
Sepsis can occur to anyone, at any time, from any type of infection, and can affect any part of the body. It can occur even after a minor infection.

What causes sepsis?
Any type of infection that is anywhere in your body can cause sepsis, including infections of the skin, lungs (such as pneumonia), urinary tract, abdomen (such as appendicitis), or other part of the body. An infection occurs when germs enter a person's body and multiply, causing illness and organ and tissue damage.

Who gets sepsis?
Anyone can get sepsis as a bad outcome from an infection, but the risk is higher in:

- people with weakened immune systems
- babies and very young children
- elderly people
- people with chronic illnesses, such as diabetes, AIDS, cancer, and kidney or liver disease
- people suffering from a severe burn or wound

Ask your doctor about your risk for getting sepsis.

What are the symptoms of sepsis?
There is no single sign or symptom of sepsis. It is, rather, a combination of symptoms. Since sepsis is the result of an infection, symptoms can include infection signs (diarrhea, vomiting, sore throat, etc.), as well as ANY of the symptoms below:

S E P S I S

- S** Shivering, fever, or very cold
- E** Extreme pain or general discomfort ("worst ever")
- P** Pale or discolored skin
- S** Sleepy, difficult to wake up, confused
- I** "I feel like I might die"
- S** Short of breath

Should I be concerned about sepsis?
Sepsis can be deadly. It kills more than 258,000 Americans each year and leaves thousands of survivors with life-changing after effects. According to CDC, there are over 1 million cases of sepsis each year, and it is the ninth leading cause of infection-related deaths.

Sepsis diagnosed?
Sepsis is diagnosed using a number of physical findings like fever, fast heart rate, and increased breathing rate. They also do lab tests that show signs of infection.

Sepsis treated?
Sepsis is usually treated in the hospital. Doctors try to treat the infection, support the vital organs working, and prevent a drop in blood pressure. Sepsis with antibiotics as soon as possible. Many patients receive intravenous (IV) fluids to maintain normal blood oxygen levels and other conditions, making sepsis hard to diagnose in its early stages.

Long-term effects of sepsis?
Not everyone who has sepsis recovers completely and their lives return to normal. Some people may experience permanent organ damage. For people who already have kidney problems, sepsis can lead to the need for lifelong dialysis.

Where can I get more information?

- Centers for Disease Control and Prevention (CDC)—CDC works 24/7 protecting America's health, safety and security. Whether diseases are preventable, chronic or acute, stem from human error or deliberate attack, CDC is committed to responding to America's most pressing health challenges. cdc.gov/sepsis
- The Rory Staunton Foundation—The Rory Staunton Foundation supports education and outreach efforts aimed at rapid diagnosis and treatment of sepsis, particularly in children. rorystaunton.com
- Sepsis Alliance—Created to raise sepsis awareness among both the general public and healthcare professionals. Sepsis Alliance offers information on a variety of sepsis-related topics. Visit sepsis.org/library to view the complete series of titles. sepsis.org

Get vaccinated

Prevent infections that can lead to sepsis by:

- Cleaning scrapes and wound
- Practicing good hygiene (e.g., hand washing, bathing regularly)

3 If you have an infection, look for signs like:
fever, chills, rapid breathing and heart rate, rash, confusion, and disorientation.

SEPSIS ALLIANCE
Supports sepsis awareness


RORY STAUNTON FOUNDATION
Save lives. Make a difference.

This fact sheet was developed in collaboration with CDC, Sepsis Alliance® and the Rory Staunton Foundation.


Ideas:


- Display these flyers in all waiting areas, on reception desks, etc.
- Send to affiliated PCP offices, clinics, nursing homes, etc.
- Provide to media contacts.


- What is Sepsis? CDC Fact Sheet - [Access Fact Sheet](#)




WHAT IS SEPSIS?


 **Sepsis** is a complication caused by the body's overwhelming and life-threatening response to infection, which can lead to tissue damage, organ failure, and death.

 Sepsis is **DIFFICULT TO DIAGNOSE** because it happens quickly and can be confused with other conditions.


 Sepsis is a medical emergency and is **DEADLY** when it's not quickly recognized and treated.

WHAT CAN YOU DO TO PREVENT SEPSIS?

 **1 Get vaccinated** against the flu, pneumonia, and any other infections that could lead to sepsis. Talk to your doctor for more information.

 **2 Prevent infections** that can lead to sepsis by


- **Cleaning** scrapes and wounds
- Practicing good **hygiene** (e.g., hand washing)

 **3 Know that time matters.** If you have a severe infection, **look for signs** like: shivering, fever, or very cold, extreme pain or discomfort, clammy or sweaty skin, confusion or disorientation, short of breath, rapid breathing, and high heart rate.

WHAT SHOULD YOU DO IF YOU THINK YOU HAVE SEPSIS?

Seek medical treatment if you have signs of sepsis following an infection.

www.cdc.gov/sepsis



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS257528E

- **Sepsis Information Guides** – These free, printable education guides are perfect for patient education, as well as staff education. Print out and provide to your ancillary clinics and practices too! View all options [here](#) or click on an individual guide below.



- **Life After Sepsis** – This 2-page handout from the *Society of Critical Care Medicine* and *Sepsis Alliance* is perfect for educating patients on what to expect once they are discharged. [Access here.](#)



SEPSIS INFORMATION GUIDES

Life after Sepsis

ABOUT SEPSIS

What is sepsis?
Sepsis is the body's overwhelming and life-threatening response to an infection, which can lead to tissue damage, organ failure, and death.

What causes sepsis?
Any type of infection that is anywhere in your body can cause sepsis, including infections of the skin, lungs (such as pneumonia), urinary tract, abdomen (such as appendicitis), or other part of the body. An infection occurs when germs enter a person's body and multiply, causing illness, organ and tissue damage.

Are there different types of sepsis?
Many people can have 'mild' sepsis, which can make them feel sick, but they then get better without needing treatment in a hospital. However, other patients develop severe sepsis, which means they become seriously ill and need hospital treatment immediately.

WHAT COULD I EXPECT

What are the first steps?
After you have had sepsis, it may take some time for you to feel like you are getting back to your usual health or as close to it as possible. You may experience some of the following:

- General to extreme fatigue
- Breathlessness
- General body pain
- Difficulty moving
- Weight loss, hair loss
- Dry and itchy skin
- Brittle nails
- Hair loss

How will I feel when I return home?
You have been seriously ill. You may experience some of the following when you return home:

- Unsure of yourself
- Not caring about your appearance
- Wanting to be alone, avoiding friends and family
- Flashbacks, bad memories
- Confusing reality (e.g., not sure what is real and what isn't)
- Feeling anxious, more worried than usual
- Poor concentration
- Depressed, angry, unmotivated
- Frustration at not being able to do everyday tasks

It is also not unusual to have the following feelings once home:

What can I do to help myself recover at home?

- Set small, achievable goals for yourself each week, such as taking a bath, dressing yourself, or walking up the stairs
- Rest and rebuild your strength
- Talk about what you are feeling to family and friends
- Record your thoughts, struggles, and milestones in a journal
- Learn about sepsis to understand what happened
- Ask your family to fill in any gaps you may have in your memory about what happened to you
- Eat a balanced diet
- Exercise if you feel up to it
- Make a list of questions to ask your healthcare provider when you go for a check up

Are there any long-term effects of sepsis?

Many people who survive sepsis recover completely and their lives return to normal. However, older people, people who have suffered more severe sepsis and those treated in an intensive care unit are at greatest risk of long-term problems, including suffering from post-sepsis syndrome.

What is post-sepsis syndrome (PSS)?

Post-sepsis syndrome is the term used to describe the group of long-term problems that some people with severe sepsis experience. These problems may not become apparent for several weeks (post-sepsis), and may include such long-term consequences as:

- Insomnia, difficulty getting to or staying asleep
- Nightmares, vivid hallucinations, panic attacks
- Disabling muscle and joint pains
- Decreased mental (cognitive) functioning
- Loss of self-esteem and self-belief
- Organ dysfunction (kidney failure, respiratory problems, etc.)
- Amputations

POST-SEPSIS: THE NEW NORMAL

What's normal and when should I be concerned?

Generally, the problems described in this fact sheet do improve with time. They are a normal response to what you have been through. Some hospitals have follow-up clinics or staff to help patients and families once they have been discharged. Find out if yours does or if there are local resources available to help you while you get better. However, if you feel that you are not getting better, or finding it difficult to cope, or continue to be exhausted call your healthcare provider.

Where can I get more information?

Sepsis Alliance (www.sepsis.org) was created to raise sepsis awareness among both the general public and healthcare professionals. Sepsis Alliance offers information on a variety of sepsis-related topics. To view the full series of Sepsis Information Guides, visit sepsis.org/library

To learn more about sepsis, visit us online at Sepsis.org

SEPSIS ALLIANCE
Suspect Sepsis. Save Lives.

Society of Critical Care Medicine
The International Experts

Sepsis Information Guides are supported in part by an educational grant from Merck & Co., Inc.

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- **Sepsis and Pressure Injury** – This *Top 10 Checklist* from AHA/HRET/HIIN highlights that patients with sepsis are extremely vulnerable pressure injuries. Contributing factors include fever, diaphoresis, hypoperfusion, poor tissue oxygenation, and inflammation.

SEPSIS/HAPI Top 10 Checklist

WHY IS THIS IMPORTANT?



Patients with sepsis experience a cascade of symptoms and pathophysiology that makes them extremely vulnerable to pressure injuries in the acute phase of illness. These contributing factors include: fever, diaphoresis, hypoperfusion, poor tissue oxygenation, inflammation, and ultimately multiple organ system failure. It is important to note that skin, as the integumentary system, can fail, too.



Reposition slowly and gradually to allow sufficient time for stabilization of perfusion and oxygenation. Use two-person repositioning to avoid friction and shear associated with dragging.



Do not elevate head of bed greater than 30 degrees to minimize friction and shear from sliding down in bed, unless contraindicated.



Float heels off bed by supporting the calf and lower leg with a foam wedge or heel suspenders.



Perform small turns in position, more frequent than every 2 hours, turning no greater than 30 degrees to either side. Use your hand to check that the sacrum is free of pressure.



Upgrade to reactive constant low pressure or a low air loss mattress for patients with any moisture issues or incontinence. Use additional features such as turn-assist and percussion, as needed.



Apply a protective foam dressing over sacrum to protect from shear, friction, and moisture **while the patient is still in the emergency room**. Monitor dressing for rolling at edges, skin irritation, and integrity of the dressing.



Apply a protective barrier cream after every cleaning and after incontinence.



Use high quality under pads to wick away moisture. Avoid the use of diapers. Do not over pad the surface with additional layers of under pads or linens to optimize the mattress performance.



Anticipate the patient's elimination needs and provide toileting or hygiene according to schedule or need.



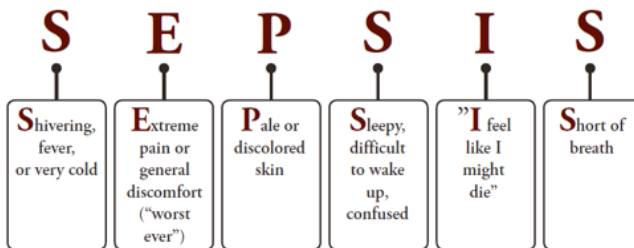
Initiate feeding as soon as possible and limit NPO status. Provide fortified foods or high-protein/high calorie oral nutritional supplements between meals, or enteral or parenteral feedings if nutritional requirements cannot be met by dietary intake.

Table Tent Card

Print these tent cards and use on your cafeteria tables (or anywhere else)!
(standard Avery format 5309)

Access tent card here

If you would like a customizable document to add your logo, contact toni.foos@cha.org



**Sepsis is a
medical emergency.
Seek treatment right away.**

Sepsis Guidelines

- **Surviving Sepsis Campaign**
 - Guidelines [Access here](#)
 - Bundles [Access here](#)
 - Print your own **badge cards**, or have them printed.

Surviving Sepsis Campaign
BUNDLES

TO BE COMPLETED WITHIN 3 HOURS:

- 1) Measure lactate level.
- 2) Obtain blood cultures prior to administration of antibiotics.
- 3) Administer broad spectrum antibiotics.
- 4) Administer 30 ml/kg crystalloid for hypotension or lactate ≥ 4 mmol/L.

"Time of presentation" is defined as the time of triage in the emergency department or, if presenting from another care venue, from the earliest chart annotation consistent with all elements of severe sepsis or septic shock ascertained through chart review.

TO BE COMPLETED WITHIN 6 HOURS:

- 5) Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥ 65 mm Hg.
- 6) In the event of persistent hypotension after initial fluid administration (MAP < 65 mm Hg) or if initial lactate was ≥ 4 mmol/L, re-assess volume status and tissue perfusion and document findings according to Table 1.
7. Re-measure lactate if initial lactate elevated.

Surviving Sepsis Campaign
BUNDLES

TABLE 1
DOCUMENT REASSESSMENT OF VOLUME STATUS AND TISSUE PERFUSION WITH:

EITHER:

- Repeat focused exam (after initial fluid resuscitation) including vital signs, cardiopulmonary, capillary refill, pulse, and skin findings.

OR TWO OF THE FOLLOWING:

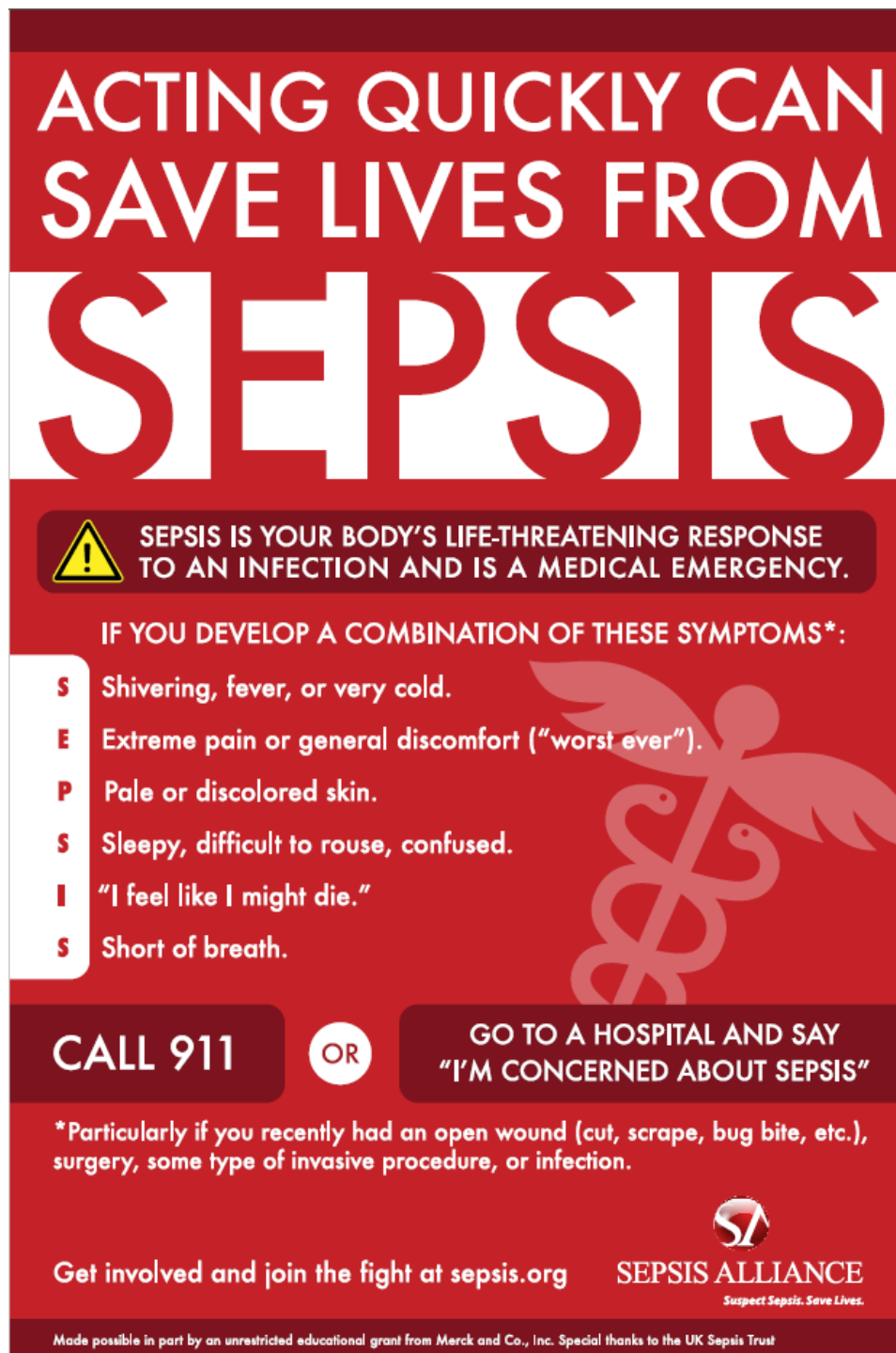
- Measure CVP.
- Measure ScvO₂.
- Perform bedside cardiovascular ultrasound.
- Perform dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge.

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www.survivingsepsis.org


POSTERS

<http://www.sepsis.org/resources/infographics/>

Print these posters out and spread the word . . . Be creative about where you post them. Let's educate as many people as we can! [Access here](#)




**ACTING QUICKLY CAN
SAVE LIVES FROM
SEPSIS**


 **SEPSIS IS YOUR BODY'S LIFE-THREATENING RESPONSE TO AN INFECTION AND IS A MEDICAL EMERGENCY.**

IF YOU DEVELOP A COMBINATION OF THESE SYMPTOMS*:

- S** Shivering, fever, or very cold.
- E** Extreme pain or general discomfort ("worst ever").
- P** Pale or discolored skin.
- S** Sleepy, difficult to rouse, confused.
- I** "I feel like I might die."
- S** Short of breath.

CALL 911  **GO TO A HOSPITAL AND SAY "I'M CONCERNED ABOUT SEPSIS"**

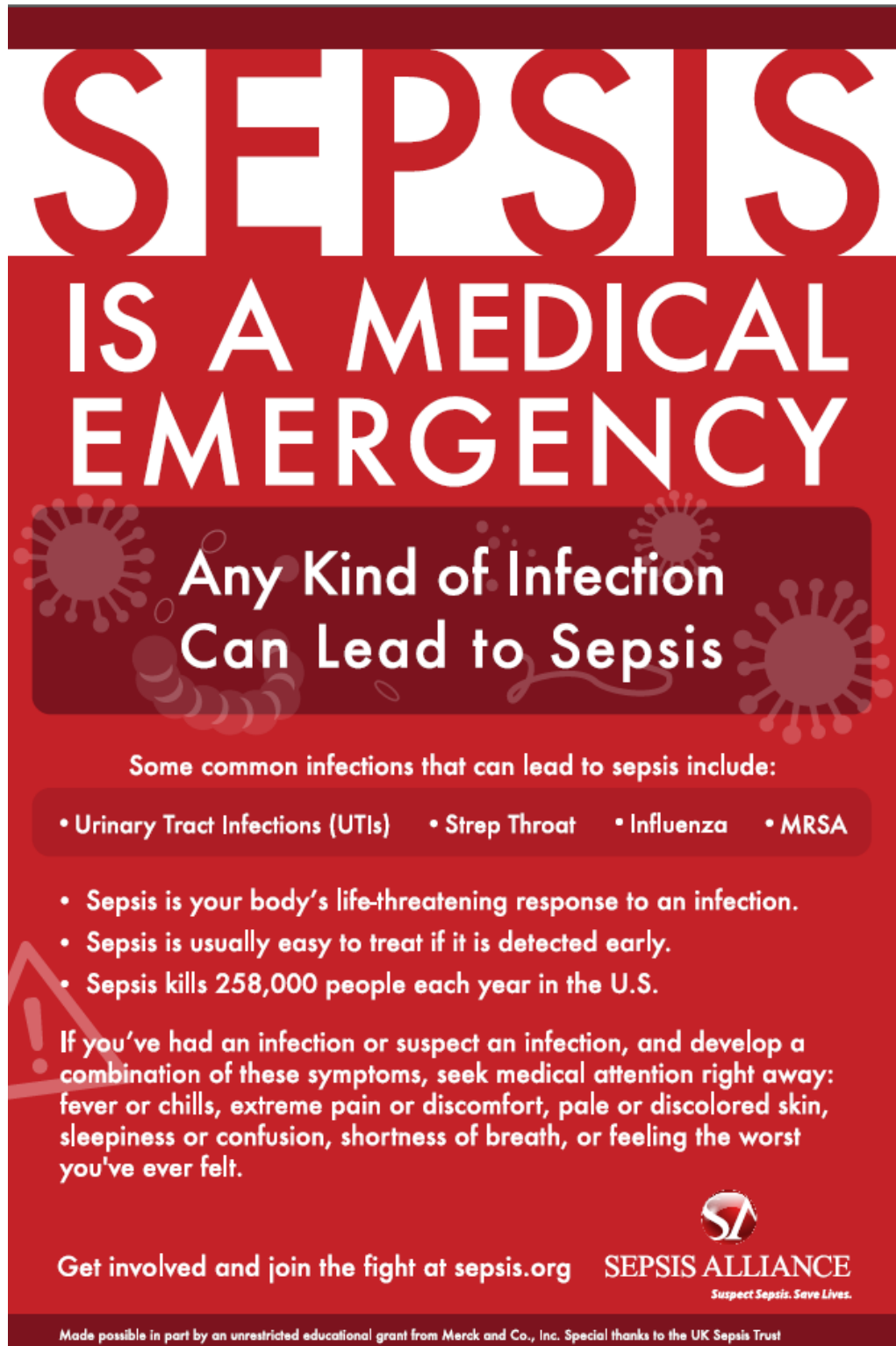
*Particularly if you recently had an open wound (cut, scrape, bug bite, etc.), surgery, some type of invasive procedure, or infection.

 **SEPSIS ALLIANCE**
Suspect Sepsis. Save Lives.

Get involved and join the fight at sepsis.org

Made possible in part by an unrestricted educational grant from Merck and Co., Inc. Special thanks to the UK Sepsis Trust

[Access here](#)



SEPSIS
**IS A MEDICAL
EMERGENCY**

**Any Kind of Infection
Can Lead to Sepsis**


Some common infections that can lead to sepsis include:

- Urinary Tract Infections (UTIs)
- Strep Throat
- Influenza
- MRSA

- Sepsis is your body's life-threatening response to an infection.
- Sepsis is usually easy to treat if it is detected early.
- Sepsis kills 258,000 people each year in the U.S.

If you've had an infection or suspect an infection, and develop a combination of these symptoms, seek medical attention right away: fever or chills, extreme pain or discomfort, pale or discolored skin, sleepiness or confusion, shortness of breath, or feeling the worst you've ever felt.

Get involved and join the fight at sepsis.org

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[Access here](#)



SEPSIS

**TAKES THE LIVES OF OVER
18 CHILDREN EACH DAY
MORE THAN CHILDHOOD CANCERS**

SEPSIS IS A COMMON AND SERIOUS COMPLICATION OF AN INFECTION

If your child has any of these symptoms you should take immediate action:

- Skin abnormally cold to touch
- Bluish or very pale skin
- Rash that does not fade when pressed on
- Very fast or rapid breathing
- Seizures
- Lethargy or difficulty waking up

Acting quickly could save your child's life.

If your child has any of these symptoms* don't be afraid to go to the hospital or call 911 and say "I AM CONCERNED ABOUT SEPSIS."

*Particularly if they recently had an open wound (cut, scrape, bug bite, etc.), surgery, some type of invasive procedure, or infection.

**Get involved and join
the fight at sepsis.org**

 **Merck's campaign
for kids**

SEPSIS ALLIANCE
Suspect Sepsis. Save Lives.

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Infographics

<http://www.sepsis.org/resources/infographics/>

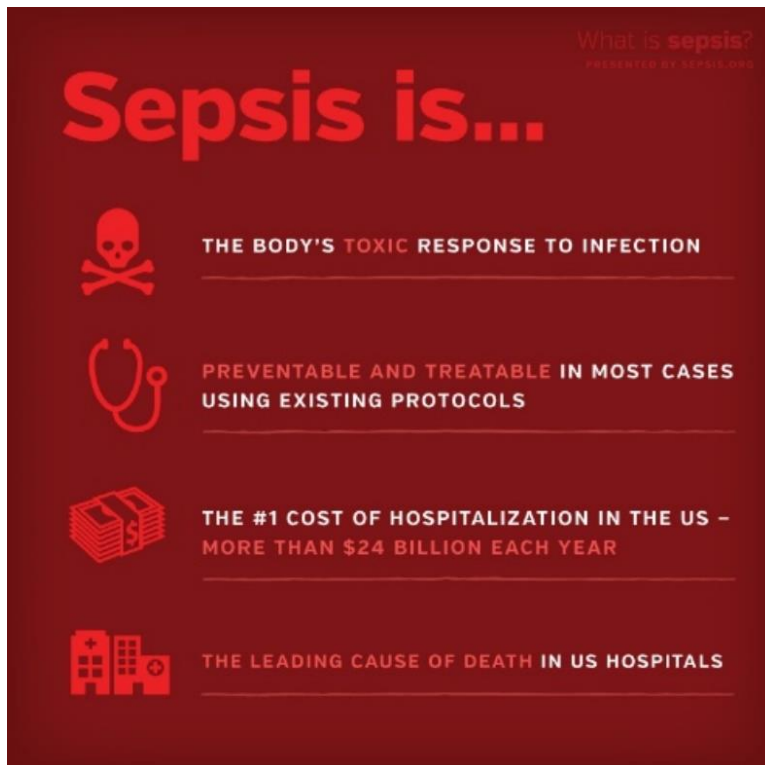


SYMPTOMS OF SEPSIS

S Shivering, fever, or very cold
E Extreme pain or general discomfort ("worst ever")
P Pale or discolored skin
S Sleepy, difficult to rouse, confused
I "I feel like I might die"
S Short of breath





 Watch for a combination of these symptoms. If you suspect sepsis, see a doctor urgently, CALL 911 or go to a hospital and say, "I AM CONCERNED ABOUT SEPSIS."

SEPSIS.ORG



What is sepsis?
PRESENTED BY SEPSIS.ORG

Sepsis is...

-  **THE BODY'S TOXIC RESPONSE TO INFECTION**
-  **PREVENTABLE AND TREATABLE IN MOST CASES USING EXISTING PROTOCOLS**
-  **THE #1 COST OF HOSPITALIZATION IN THE US - MORE THAN \$24 BILLION EACH YEAR**
-  **THE LEADING CAUSE OF DEATH IN US HOSPITALS**

Download PDF

Source: <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb204-Most-Expensive-Hospital-Conditions.pdf> Source:
<http://jama.jamanetwork.com/article.aspx?articleid=1873131&resultClick=3>



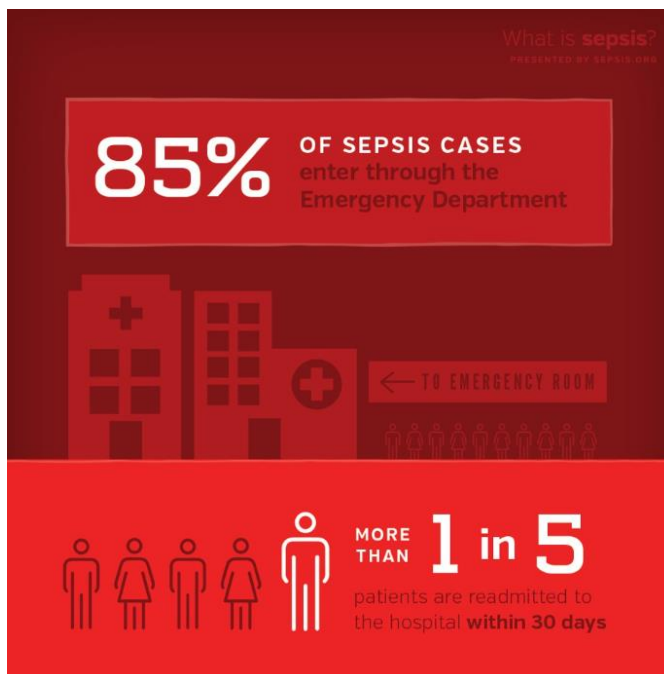
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Source: <https://www.med.unc.edu/pediatrics/news/2015/june/june-10/code-sepsis>

Source: <http://www.ncbi.nlm.nih.gov/books/NBK65391/>

Source: <http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

Source: http://sepsis.org/news/2016/number_one_cause_of_readmissions/



Download PDF

Source: <http://jama.jamanetwork.com/article.aspx?articleid=1873131&resultClick=3>

Source: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb196-Readmissions-Trends-High-Volume-Conditions.jsp>



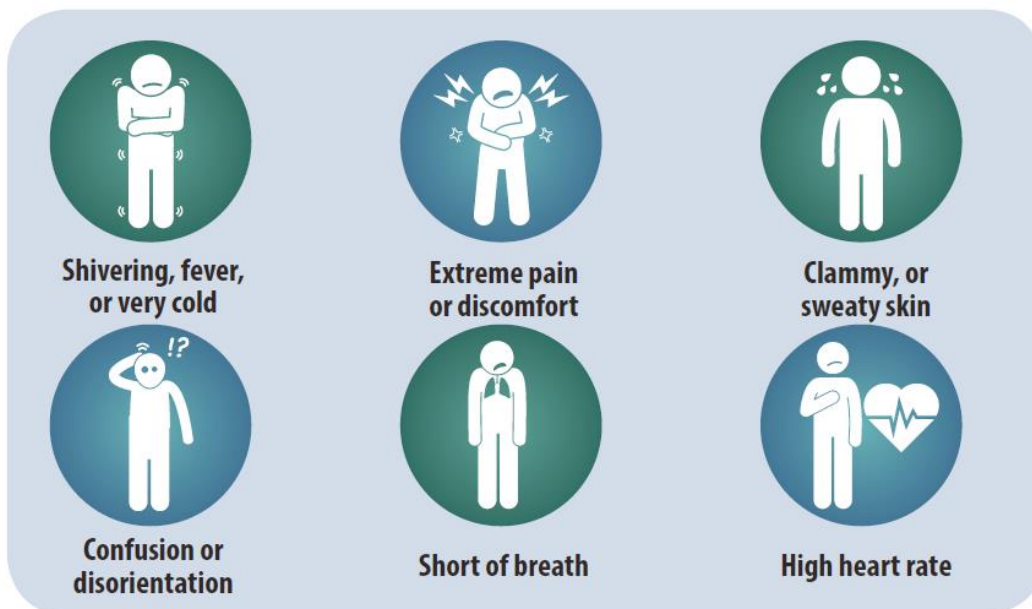
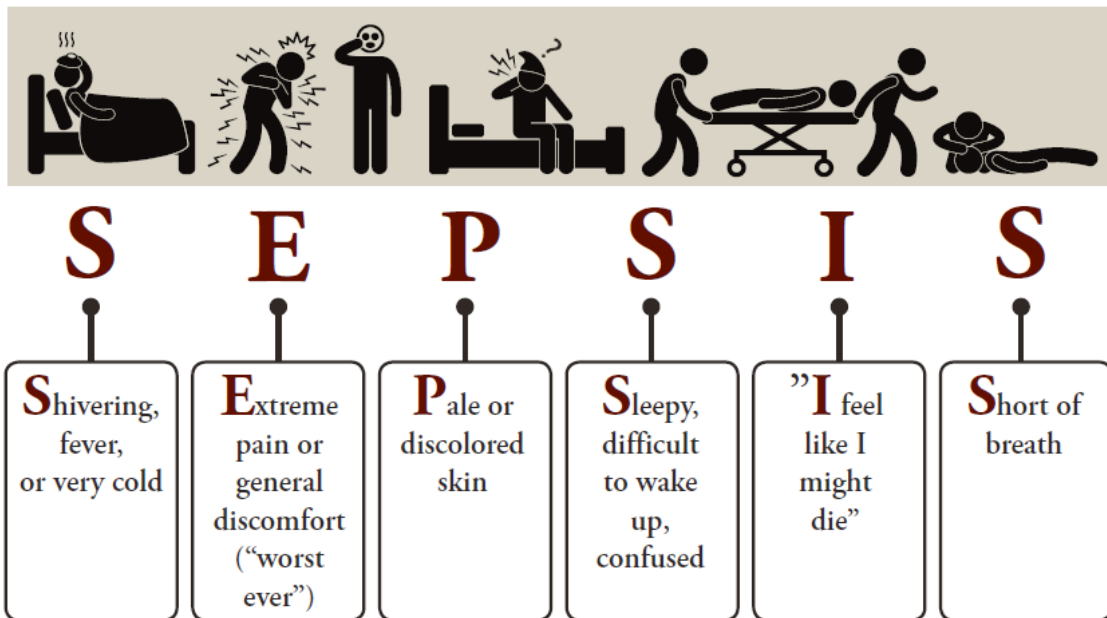
Download PDF

Source: <http://jama.jamanetwork.com/article.aspx?articleid=1873131&resultClick=3>

Source: <http://www.ncbi.nlm.nih.gov/pubmed/16625125>

Infographics

[cdc.gov/sepsis](https://www.cdc.gov/sepsis)



Infographics

provided by Global Sepsis Alliance at world-sepsis-day.org

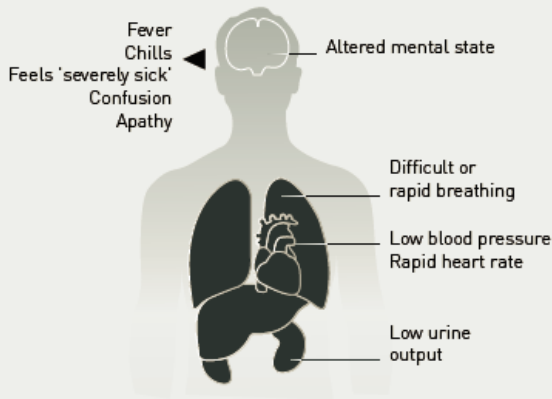
September 13 : *World Sepsis Day*, more information? Visit us: www.world-sepsis-day.org



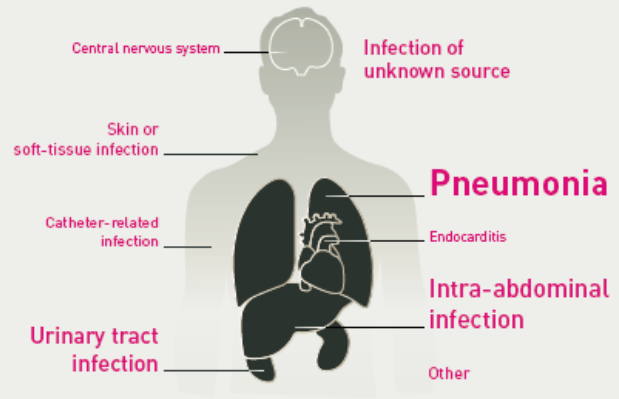
¹ Kisson N, Carcillo JA, Espinosa V, et al.: World Federation of Pediatric Intensive Care and Critical Care Societies: Global Sepsis Initiative. *Pediatr Crit Care Med*, 12:494-503, 2011. //

Every few seconds someone dies of sepsis.
Sepsis: Prevent it. Spot it. Treat it – beat it.

**The following symptoms
might indicate sepsis:**

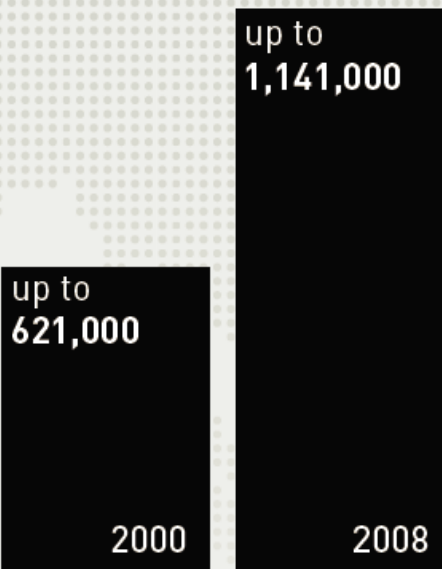


**The most common
sources of sepsis are:**



Two or more symptoms?
Contact your local hospital or physician.

**People hospitalized with
sepsis in US⁶**



**Children hospitalized
with sepsis in US⁷**

per year

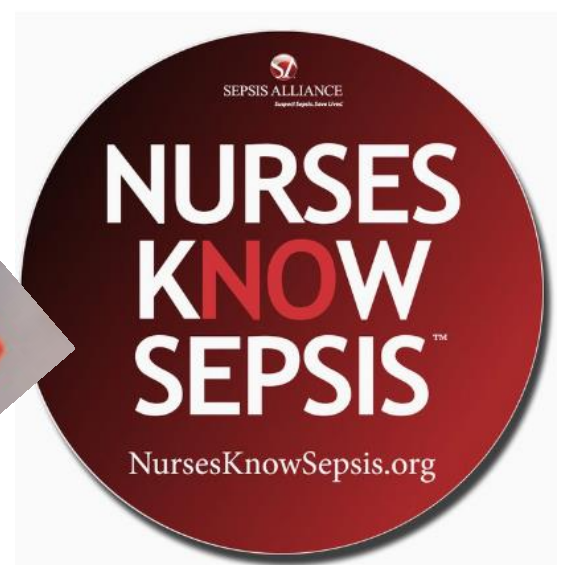
~20,000 to 40,000

⁶ <http://www.cdc.gov/sepsis/basic/qa.html> (downloaded 12.09.2014) //

⁷ A.Cruz, et al.: Implementation of Goal-Directed Therapy for Children With Suspected Sepsis in the Emergency Department, Pediatrics, January 22, 2013

Promotional Materials

<http://www.sepsis.org/shop/>



SYMPTOMS OF SEPSIS

S Shivering, fever, or very cold
E Extreme pain or general discomfort ("worst ever")
P Pale or discolored skin
S Sleepy, difficult to rouse, confused
I "I feel like I might die"
S Short of breath

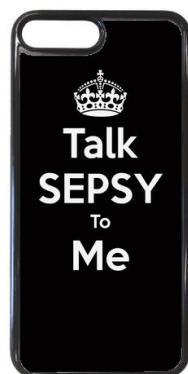

 Watch for a combination of these symptoms. If you suspect sepsis, see a doctor urgently, CALL 911 or go to a hospital and say, "I AM CONCERNED ABOUT SEPSIS."

SEPSIS.ORG

Promotional Materials

<https://www.KeepCalm-o-matic.co.uk/shop/>

[Note this is in the U.K.]



Odds & Ends

[Sepsis, Got Lactate? Pinback Button | Zazzle](#)



Speed is Life



**SUSPECT SEPSIS.
SAVE LIVES.™**



Key Sepsis Websites

- **Surviving Sepsis Campaign** <http://www.survivingsepsis.org/Pages/default.aspx>
- **Sepsis Alliance** <http://www.sepsis.org/>
- **World Sepsis Day** <http://world-sepsis-day.org>
- **CDC** <https://www.cdc.gov/sepsis/index.html>
- **Rory Staunton Foundation** <https://rorystauntonfoundationforsepsis.org/>

CHA has a goal to provide you with the tools and education needed to minimize the impact of sepsis on our patients in Colorado. Please don't hesitate to reach out if we can assist you in your efforts.

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