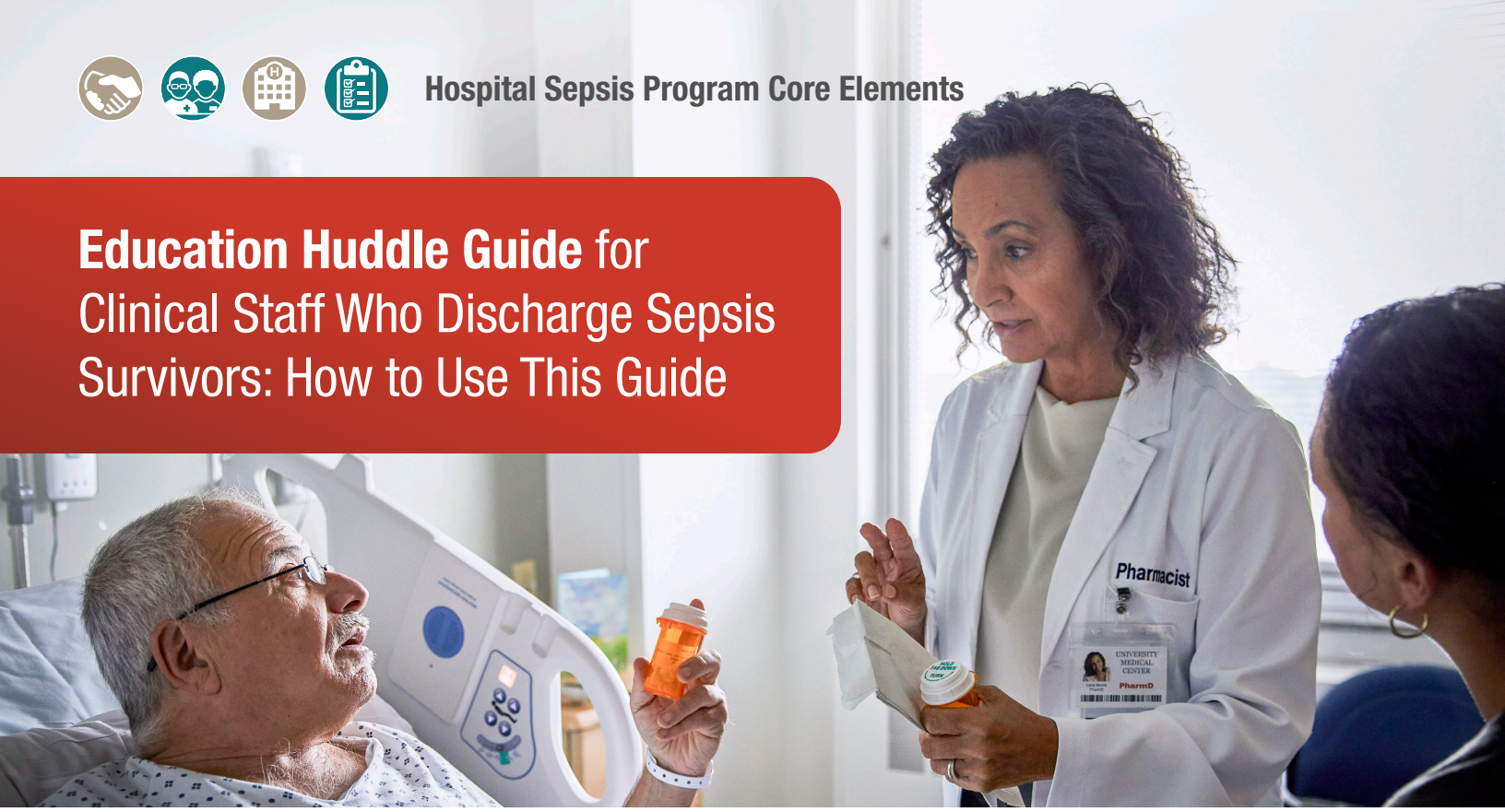
Hospital Sepsis Program Core Elements

Education Huddle Guide for Clinical Staff Who Discharge Sepsis Survivors: How to Use This Guide



About the Sepsis Core Elements Huddle Guides

The CDC **Hospital Sepsis Program Core Elements** are essential to optimize patient care. Hospitals that use more of the Sepsis Core Elements have lower mortality among patients with sepsis, improved sepsis management, and improved performance in quality measures, such as SEP-1.[1]

Use CDC's Huddle Guides:

Integrate these guides into daily briefings to provide practical, role-specific examples of the Core Elements in action.

Educate the Full Care Team:

Prioritize sepsis training for all patient-facing staff and trainees to ensure rapid recognition and team-based management.

Support Facility Implementation:

Conducting these educational activities helps address select assessment items under the Core Elements 'Education' priority (CDC's Sepsis Core Elements p. 22) in conjunction with the **National Healthcare Safety Network** (NHSN) annual facility survey.

Other ways to increase sepsis education in your facility:

- Provide sepsis-specific training and education in the hiring or on-boarding process for healthcare staff and trainees.
- Provide annual sepsis education to clinical staff.
- Post information on recognition of sepsis in prominent areas for patient-facing staff (examples: attached to vital sign machines, in staff break rooms).
- Hold hospital lectures (example: grand rounds) or an annual meeting focused on sepsis.
- Include sepsis recognition and treatment in annual nursing competencies.

www.cdc.gov/sepsis

1. Prescott, HC, Health M, Walzl E, McLaughlin E, Horowitz J, Jayaprakash N, Flanders SA, Dantes RB, Posa PJ; CDC's Hospital Sepsis Program Core Elements are associated with improved management and outcomes of sepsis. American Journal of Respiratory and Critical Care Medicine. 2026 March 1; 212(3):537-541. https://doi.org/10.1093/ajrccm/aamaf113. PMID: 41738107. PMCID: PMC13048602.

About this Guide: Education Huddle Guide for Clinical Staff Who Discharge Sepsis Survivors

Empower your frontline team—nurses, certified nurse assistants (CNAs), and medical technicians (med techs)—to drive sepsis outcomes through role-specific accountability and standardized protocols.

- **Standardize Discharge Education:** Ensure patients are equipped to recognize post-care complications and avoid re-hospitalization.
- **Prioritize Infection Prevention:** Reinforce the frontline staff member's primary role in preventing healthcare-associated infections that can lead to sepsis.
- **Verify Protocol Awareness:** Use the Education Huddle Guide for Inpatient Frontline Clinical Staff to ensure every staff member knows your facility's sepsis protocol and their exact triggers for escalation.

Use this huddle guide if you are a:

- Sepsis champion
- Quality manager
- Patient safety coordinator
- Health system representative
- Infection control expert

Discuss this huddle guide content with inpatient frontline clinical staff, including:

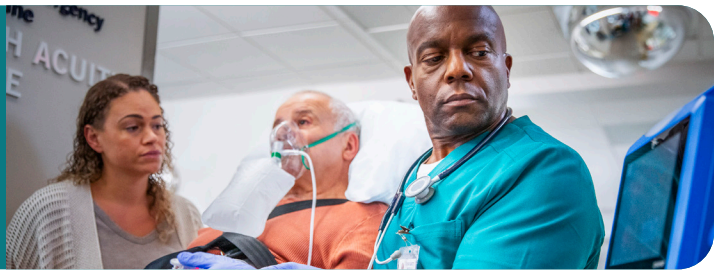
- Nurses
- CNAs
- Med techs

Use this huddle guide during:

- Hiring/onboarding process
- A shift change meeting
- In-service staff trainings

Inpatient frontline clinical staff are a critical connection point!

- To ensure optimal sepsis treatment and outcomes
- To educate patients, families, and caregivers



What's Included

Each Huddle Guide Package contains two primary tools. Review both prior to your session to ensure seamless delivery:

1. **Discussion Guide:** A customizable script.
   - **Action:** Adapt the talking points to align with your unit's specific workflows and protocols.
2. **Job Aid:** A high-level visual summary.
   - **Action:** Print and post this in high-traffic areas (breakrooms or nursing stations) immediately after the huddle to reinforce key takeaways.
   - **Note:** The Sepsis Coordinator should review the job aid to ensure it reflects current facility-specific requirements before distribution.

Huddle Preparation Checklist

Before leading the huddle, gather these details to ensure the content is relevant and actionable for your team:

- **Clinical Protocol:** Align these huddle talking points with your facility's specific sepsis diagnostic and management procedures.
- **Unit-Level Data:** Share local metrics, such as the average number of sepsis cases per month, to demonstrate the immediate impact on your department.
- **Relatable Case Studies:** Identify recent "near-misses" or success stories from your facility that illustrate the importance of early detection for frontline staff.
- **Print** CDC's Patient fact sheet, Life After Sepsis fact sheet, Severe illness, surgery, or hospital care fact sheet, and the job aid (pages 6 and 7).

Education Huddle Guide for Clinical Staff Who Discharge Sepsis Survivors

Discussion Guide

1. Introduction: Set the stakes.

- **Opening:** Today we're huddling on our commitment to educating patients about sepsis when they are discharged home. Sepsis is the body's extreme response to an infection, and it is a life-threatening medical emergency.
- **Review:** Ask the team to call out:
  - Misperceptions they or their patients have had about sepsis
  - What risks the patients face when they return home
  - Common reasons patients return to the hospital after surviving sepsis
- **Provide stats:**

Did you realize we had this many sepsis survivors return for more care after initial discharge?

Bottom Line: Our patients may survive sepsis in this hospital, but they're not risk-free when they go home. It's our responsibility to educate them on how to stay safe so that they can fully heal.

Education Huddle Guide for Clinical Staff Who Discharge Sepsis Survivors

2. Discussion: We need to help our patients get ahead of sepsis when they go home.

- **Ensure** your team members know that the education and instructions they provide to patients at the time of discharge are a critically important part of the care they provide. **They should use the word "sepsis" at discharge and ensure the patient and caregiver understand the severity of what the patient survived.**
  - Sepsis is a life-threatening medical emergency. Many people who survive sepsis recover completely, but some patients have long-term effects. These problems may not become apparent until several weeks after patients' hospital stay. It's important for your patients to take it seriously if they think they might have sepsis again.
  - **Discussion Prompts:**
    - What factors make sepsis recovery more complex than other conditions we discharge?
    - In your experience, how many patients realize they had sepsis?
    - Have you ever felt like your patients didn't understand what you were explaining about sepsis? How did you try to improve or ensure understanding? What are some questions or concerns that patients or caregivers have asked about when you explain sepsis at discharge?
    - Do you use the word "sepsis" at discharge? Do you explain that sepsis is a medical emergency if it returns?
- **Educate** patients on their risks for sepsis returning.
  - Patients are at highest risk for sepsis returning in their first 90 days after discharge. Patients can take simple actions to prevent a serious problem later.
  - **Discussion Prompts:**
    - What actions can we take as the healthcare team to help our patients do well at home and avoid readmission? *Listen for: reconciling medication lists and instructions, scheduling follow-up appointments and transportation, providing a follow-up phone number and ensuring awareness of sepsis signs and symptoms, and knowing when to go to the ER (see "Sepsis red flags" on last page).*
    - What should a patient do if they or their caregiver are concerned about sepsis? *Listen for: Call a healthcare provider or go to the ER. Ask, "Could this be sepsis?"*
- **Encourage patients who are recovering from sepsis to have a caregiver present when discharge instructions are reviewed, as sepsis survivors can have lingering cognitive challenges.**
  - Many sepsis survivors experience some level of cognitive impairment. Having another person listen to discharge instructions can help them avoid future infections and readmission.
  - **Discussion Prompts:**
    - Since confusion is a hallmark of sepsis, how does that impact a patient's ability to digest a 10-page discharge packet?
    - How do your staff ensure caregivers understand their role in the patient's care at home?
- **Share** and review the job aid (pages 6 and 7).
  - **Encourage staff to use this one-page resource at discharge with sepsis survivors. They can use it to guide conversation and then give it to the patient to take home.**
  - Ask if they have any questions about this resource and ensure they understand specific procedures fordischarge at your facility.
  - Share where they can easily access or print this resource for patients.

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3. Optional Discussion: Case Study.

- Read this case study or print for staff to read aloud:
  - **Patient Name:** Mr. Arthur Chen
  - **Age:** 68
  - **Primary Diagnosis:** Urosepsis secondary to a complex urinary tract infection (UTI).
  - **Medical History:** Type 2 Diabetes (A1c 8.2%), Hypertension, and Benign Prostatic Hyperplasia (BPH).
  - **Clinical Summary:** Mr. Chen was admitted five days ago after his daughter found him confused and shivering at home. Upon admission, he met systemic inflammatory response syndrome (SIRS) criteria with a heart rate of 112 bpm, a temperature of 101.8°F, and a lactate level of 3.2 mmol/L. He received aggressive IV fluid resuscitation and a course of IV ceftriaxone. His condition has stabilized significantly; he is now afebrile, his mentation has returned to baseline, and he is completing his final IV dose. The plan is to discharge him today with a 7-day course of oral antibiotics.
  - **Discharge Transition:** Mr. Chen is eager to get home to his dog and mentions, "I feel much better now. I'm sure glad that flu or whatever it was is over." His daughter, who is his primary caregiver, expresses concern about his weakness and asks, "How do we make sure this doesn't happen again next week?" As the discharge nurse, you recognize that Mr. Chen is at high risk for Post-Sepsis Syndrome and reinfection due to his uncontrolled diabetes and BPH.
- **Discuss:** Based on Mr. Chen's clinical history and the high risk of readmission for sepsis survivors, what specific education and "Red Flag" tools will you provide him and his daughter?
  - **Discuss** why Mr. Chen is at risk for another UTI. If/when Mr. Chen or his daughter suspect he has a UTI, what actions should they take? Discuss ways to prevent infections that can lead to sepsis, such as:
    - During periods of high respiratory virus activity, consider wearing a mask when around people outside your household.
    - Get recommended vaccines. Vaccinations can prevent or reduce the seriousness of some infections that can lead to sepsis.
    - Take good care of chronic conditions, such as diabetes, lung disease, cancer, and kidney disease.
    - Practice good hygiene.
      - Keep cuts and wounds clean and covered until healed.
      - Keep hands clean.
- Ensure staff describe the key signs and symptoms of sepsis, expectation adjustments, and follow-up instructions they would provide to prevent a recurrence and readmission.

4. Wrap up and reinforce.

- **Recognize** team members by name who discharged a sepsis survivor case well.
- **Give** inpatient frontline staff leading discharge hardcopy handouts of the CDC's **Patient fact sheet**, **Life After Sepsis fact sheet**, **Severe illness, surgery, or hospital care fact sheet**, and the job aid (pages 6 and 7).
- **Explain** who to contact with sepsis program questions or suggestions for improvement.

Discharge Instructions for Sepsis Survivors

How to use this plan:

- **At discharge:** Healthcare professionals, thoroughly review this information with your patient. Help them understand their risks and how they can stay safe from sepsis during their recovery at home.
- **At home:** Patients and caregivers, hang these reminders in a place you'll see often, like a refrigerator, bedside table, or bathroom mirror.

You are a Sepsis Survivor.

Sepsis is a life-threatening medical emergency caused by the body's extreme response to an infection.

- **Your goal: Heal and avoid re-hospitalization.** After sepsis, recovery can take time. You have been seriously ill, and your body and mind need time to get better.
- **Your risks: You are at a higher risk of getting sepsis again,** especially in the next 90 days. Reduce your risk of having sepsis again:
  - Prevent infections.
  - Practice good hygiene.
  - Know the signs and symptoms of sepsis.

Caregiver Instructions:

- Know the patient's normal physical, functional, and mental health state. Watch for any changing signs and symptoms.
- If you notice any changes, get medical help immediately. Ask: "Could this infection be leading to sepsis?" and if you should bring the patient to the emergency room.

If you have questions or if you feel your condition is worsening, please contact:

Follow-up Appointments:

Other Instructions:

Date:

Discharge Instructions for Sepsis Survivors

Medication Instructions:

Patient/Caregiver Notes:

Act fast if you have an infection that's not getting better or is getting worse.

Get medical care immediately. Ask a healthcare professional, "Could this infection be leading to sepsis?" and if you should go to the emergency room. With fast recognition and treatment, most people survive.

Sepsis red flags:

- Clammy or sweaty skin
- Confusion or disorientation
- Extreme pain or discomfort
- Fever, shivering, or feeling very cold
- High heart rate or weak pulse
- Shortness of breath