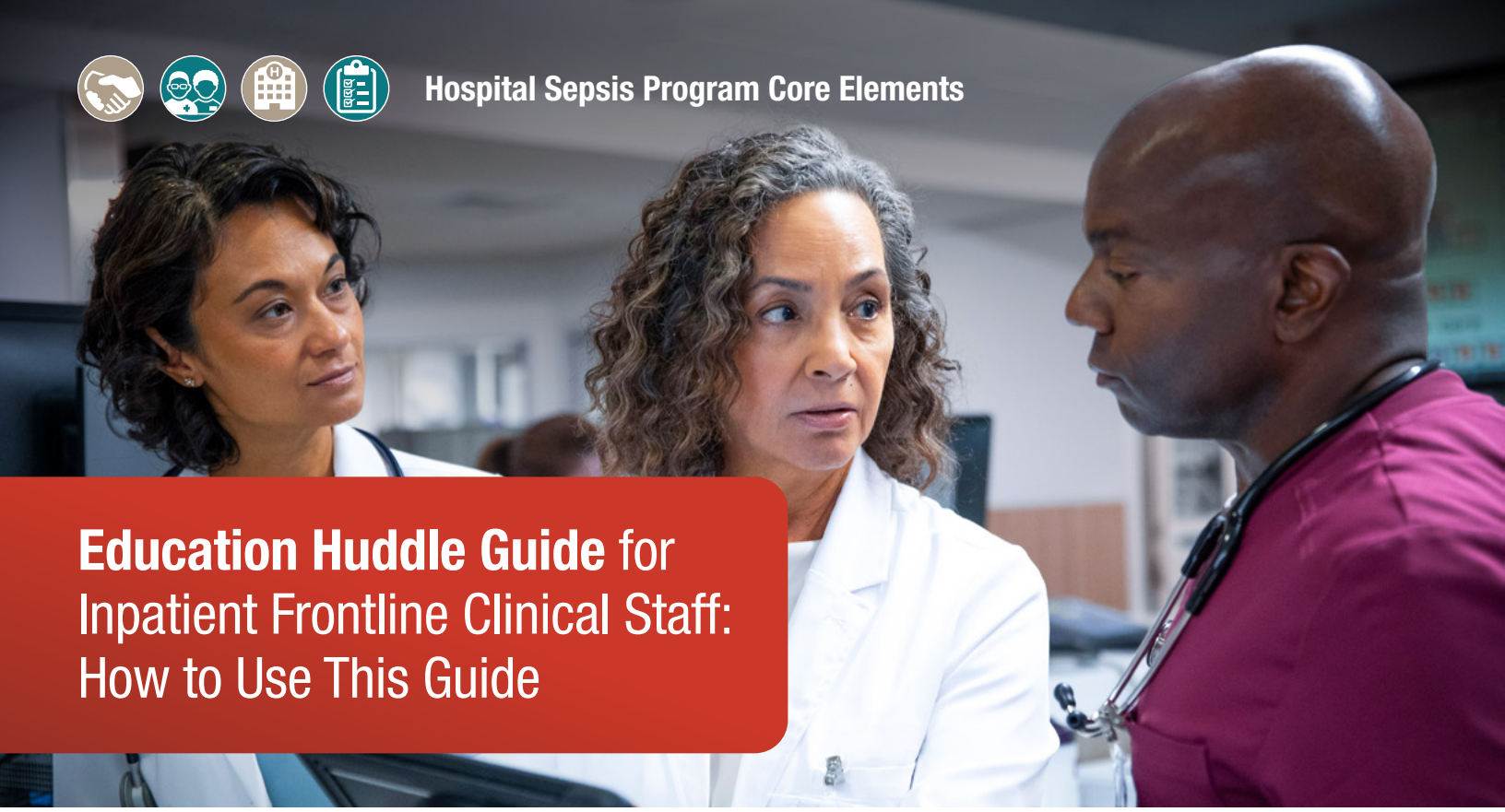

Education Huddle Guide for Inpatient Frontline Clinical Staff: How to Use This Guide

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.

Reference to specific commercial products, manufacturers, companies, or trademarks does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or Centers for Disease Control and Prevention
Source: Centers for Disease Control and Prevention (CDC).

About this Guide: Education Huddle Guide for Inpatient Frontline Clinical Staff

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.

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

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 Protect Your Patients from Sepsis fact sheet and the job aid (page 5).

About this Guide: Education Huddle Guide for Inpatient Frontline Clinical Staff

Discussion Guide

1. Introduction: Set the stakes.

- **Opening:** Today we're huddling on our commitment to stopping sepsis—a life-threatening emergency where every minute counts. Getting ahead of sepsis directly reduces patient mortality, hospital stays, and costs on our unit.
- **Review:** Ask the team to call out the signs and symptoms of sepsis. Briefly recap these six 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
- **Bottom Line:** Early treatment is the most effective initial intervention to reduce mortality in sepsis patients.[2] No matter what your role is on the care team, if you suspect sepsis, trigger our protocol immediately.

2. Discussion: Reality check.

- **Share** a recent case study of sepsis or ask the team:
  - How did that patient present?
  - How long did it take for someone to "say sepsis?"
  - Was there any delay in recognition? Where are our bottlenecks?
  - Looking back, what would you have changed about that patient's story?
  - Discuss why it is important to "act fast" at the first sign or symptom of sepsis.
- **Provide stats:**

[Replace this text with unit or facility cases from last week/month]

Did you realize we had this many sepsis cases?

2. Prescott HC, Antonelli M, Alhazzani W, et al: Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2026. Critical Care Medicine 54(4):p 725-812, April 2026. | DOI: 10.1097/CCM.0000000000007075.

About this Guide: Education Huddle Guide for Inpatient Frontline Clinical Staff

3. Discussion: Know how to get ahead of sepsis.

- **Emphasize** team-based responsibility for identifying and responding to sepsis. It takes all of us.
- **Discuss** your hospital's sepsis protocol. Be explicit about what staff are expected to do when they suspect sepsis.
  - **Note:** Be sensitive. Some staff may be worried about speaking out of turn. Discuss ways they can comfortably elevate their concerns to senior staff if they're concerned about a patient's status.
  - If possible, create a table on a dry-erase board with one column listing the different "Role" (for "CNAs or Med Techs" and "Nurses") and another column listing the "Immediate Action" needed from that staff to stop sepsis. Ask the team to call out actions that each group should take. Add specifics from your protocol, as needed. For example:

Role	Immediate Action
CNAs and Med Techs	• Immediately alert the nurse overseeing care of the patient if you have concerns about their condition.
Nurses	• Immediately alert the physician overseeing care of the patient. • Start ordered antibiotics as soon as possible in addition to other therapies appropriate for the patient. • Check patient progress frequently. • Alert the physician if the patient's condition worsens.

- **Emphasize** that sepsis is a priority for your facility and that getting ahead of it takes a team approach. We each have a role to play.

[Replace this text with facility-specific sepsis goals or activities, if available]

4. Wrap up and reinforce

- **Recognize** team members by name who identified a sepsis case early or handled a case well.
- **Give** inpatient frontline clinical staff a hardcopy handout of the **Protect Your Patients from Sepsis fact sheet** and the job aid (page 5).
- **Explain** who to contact with sepsis program questions or suggestions for improvement.

2. Prescott HC, Antonelli M, Alhazzani W, et al: Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2026. Critical Care Medicine 54(4):p 725-812, April 2026. | DOI: 10.1097/CCM.0000000000007075.

Hospital Sepsis Program Core Elements

Date: [Insert date]

[Insert name of facility or unit name]

Is Getting Ahead of Sepsis!

Goal: Reduce hospital mortality, length of stay, and healthcare costs.

Sepsis is an important issue in our hospital as we have:

XX [insert the number of admissions with sepsis each year]

XX [insert the number of admissions with sepsis as a principal diagnosis]

$XX [insert the total cost of sepsis]

Our Action Plan to **Get Ahead of Sepsis**

1 Know the protocol.

[Replace this text with website link or describe its location in your electronic health record system]

2 **Act fast.** Every role matters.

If you are a nurse:

- **Report it**: Immediately alert the physician overseeing care of the patient.
- **Take action:** Start ordered antibiotics as soon as possible in addition to other therapies appropriate for the patient.
- **Reassess:** Check patient progress frequently.
- **Escalate**: Alert the physician if the patient's condition worsens.

If you are a CNA or med tech:

- **Report it:** Immediately alert the nurse overseeing care of the patient if you have concerns about their condition.

3 Give feedback.

If you have questions or see ways we can improve infection prevention and control measures, contact:

[Replace this text with sepsis program leader or co-leaders' full name, email, and phone number]

www.cdc.gov/sepsis