



**Time is Survival:**  
*Sepsis Continuing Education for Neurosurgical Critical Care Nurses*

Emily Rios, MSN-c, RN, CCRN & Karen Lucas Breda, PhD

**Background**

- Neurosurgical ICU nurses are in the prime position to assess early changes in altered-mental status, including "sepsis-associated encephalopathy", which could lead to early identification of sepsis.
- Nurses do not currently have a required continuing education for Sepsis nor use a Sepsis Screening Tool or Sepsis Management Bundle to guide their sepsis assessment or care.

**Method**

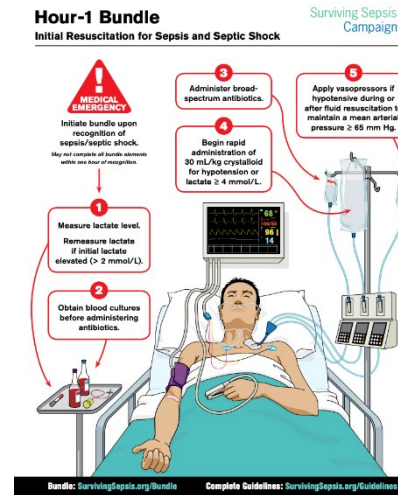
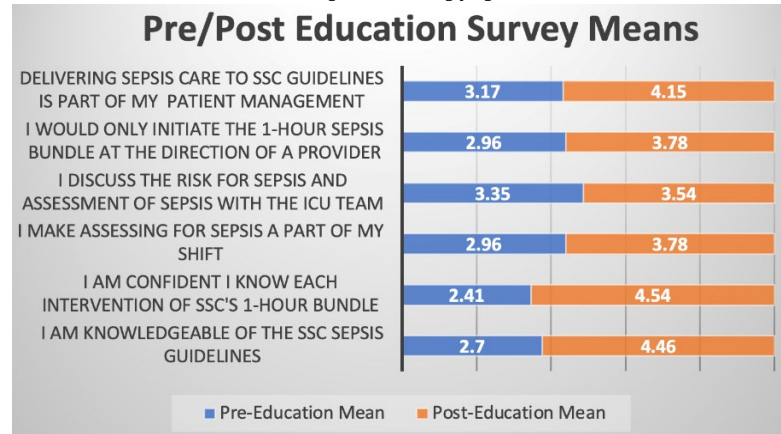
- This quality improvement project used the Advancing Research and Clinical practice through Collaboration (ARCC) model based on the evidence-based practice paradigm and process.
- Nurses took an online Sepsis Continuing Education course provided by the Sepsis Alliance Institute & pre/post-education surveys on their knowledge, confidence, attitudes, & practices to identify and treat sepsis.

Nurses' knowledge, attitudes, confidence, and practices related to the early identification and management of sepsis are crucial to patients' survival.

**Online continuing education on sepsis increases nurses' knowledge and confidence to identify & manage sepsis.**

**Survey Responses: Significant Differences**

Median response based on 5-point Likert scale. Nurses were asked to rate to what extent they agree with each statement. 1 strongly disagree, 2 – disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree



**Outcomes**

- Early identification of sepsis in neurosurgical critical care patients is a significant challenge due to the many possible confounding variables that lead to altered mental status in this specific patient population.
- Standardized online training
  - Increased knowledge of SSC's 1-hour bundle.
  - Increased confidence in the management of sepsis.
  - Increased self-ratings in discussing sepsis risk & assessment with providers.
  - Increased self-ratings of sepsis assessment during nurses' shifts.
- Consistently low self-ratings in the initiation of SSC's 1-hour bundle may be due to a lack of protocol.

**People**

Education and surveys were administered to:

- N=23 Neurosurgical ICU Nurses, pre-education
- N=15 Neurosurgical ICU Nurses, post-education

**Implications**

- Offer yearly CE on sepsis for nurses.
- CE may empower nurses to advocate for early, life-saving sepsis interventions.
- Advocate for a Sepsis Screening tool and regular assessment of sepsis.
- Develop a nurse delegation protocol to initiate the evidence-based 1-hour SSC Sepsis Bundle.
- Continue to monitor unit-level sepsis data to determine how education influences early identification and survival.

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**References**

