



"The London Ambulance Service (LAS) believes it is important to keep in touch with GPs. We hope you enjoy this month's newsletter and we welcome your feedback."

February 2015

Sepsis patients

The overall mortality rate for patients admitted with severe sepsis is 35% - approximately five times higher than for ST elevation myocardial infarction and stroke—and sepsis is responsible for around 37,000 UK deaths and 100,000 hospital admissions per year.¹

The Sepsis Six (see box on the right) is an initial resuscitation bundle designed to offer basic intervention within the first hour. According to the Royal College of Physicians, in a prospective observational study it was independently associated with survival, suggesting that if it alone were responsible for outcome differences, the number needed to treat (NNT) to prevent one death is 4.6. with an NNT of 42 for aspirin in major heart attack or of 45–90 for percutaneous coronary intervention (PCI) in ST elevation myocardial infarction.



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What is the LAS doing?

Sepsis is a key area for us at the moment and we are working towards the following:

- Raising awareness of sepsis
- Increasing the number of patients with severe sepsis / septic shock who receive a pre-alert
- Investigating other recognition techniques e.g. EtCO₂
- Improving documentation of sepsis
- Helping to inform future pre-hospital guidelines
- Ensuring these changes lead to sustained improvements
- Encouraging effective handover of sepsis patients between GPs/Paramedics/hospitals.

Further reading:

¹ Royal College of Physicians - Acute Care Toolkit 9: Sepsis (Sept 2014)
www.rcplondon.ac.uk/resources/acute-care-toolkit-9-sepsis

Pre-hospital Sepsis Screening Tool

http://sepsistrust.org/wp-content/uploads/2013/10/PrehospitalSepticScreeningTool_EEAST.pdf

The Sepsis Six

1. Give high-flow oxygen
2. Take blood cultures
3. Give IV antibiotics
4. Give a fluid challenge
5. Measure lactate
6. Measure urine output

After sepsis screening, if severe sepsis or septic shock is confirmed, the Sepsis Six bundle (or an alternative) should be started without waiting for the results of any further tests.

Source: The UK Sepsis Trust



SBAR - patient case study

Following on from last month's article about the SBAR handover framework, below is a case study provided by Dr Daryl Mohammed, GP & Assistant Medical Director (South) at the LAS.

I received a call during a busy afternoon at the surgery. An LAS crew was on scene attending one of my patients and summarised the situation effectively using the SBAR handover technique:



Situation: "I am paramedic X attending your patient A at her home following a call from a neighbour as patient A had a fall. She was holding her head and panting, and has back pain after a fall two days ago."

Background: "The 85 year old patient fell whilst walking two days ago and was taken by ambulance to hospital two days earlier where she was assessed and discharged. She has ongoing painful rheumatoid arthritis and is on methotrexate. She is usually slowly ambulant with a stick and does go out."

Assessment: "On examination she is fully alert with two sets of normal observations. She is mobilising, not breathless and back to her normal self."

Recommendations: "I have spoken with Rapid Response who will visit her tomorrow."

Dr Mohammed continues: I subsequently spoke with Rapid Response who have seen the patient and managed her at home. They visited for 2-3 days and were pleased to received the referral. As a result this patient avoided an unnecessary conveyance to hospital and this is a good example of working together.

NHS 111 London



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South East London