**AIM**

We assessed the ability of the acute care teams dealing with acute admission adult medical patients to:

- Accurately diagnose the severity of sepsis
- Accurately document the severity of sepsis in the notes

The Royal College of Physicians recommends severity stratification assessments in all patients with sepsis.

Then we compared this to their confidence and knowledge base of sepsis and severity stratification.

**METHOD**

We performed a prospective case-note review of adult medical patients with infection requiring admission to the Medical Admissions Unit from 5th-31st May 2015.

At each point of patient assessment, the presence and severity of sepsis was retrospectively determined and compared to the documented diagnosis.

Each clerking, review or post take encounter was regarded as an assessment and an opportunity to diagnose sepsis with severity and then document it.

The criteria used to define Systemic Inflammatory Response Syndrome (SIRS), severe sepsis and septic shock are those set by the UK Sepsis Trust.

An online survey was circulated to all appropriate doctors, assessing their confidence to make the above diagnoses. Respondents were asked if they knew the criteria that defined the above terms and to demonstrate their knowledge using multiple choice questions.

**RESULTS - accuracy of diagnosis / documentation**

73 patients were included in this study, providing a total of 197 clinician assessments/opportunities to evaluate for and document the presence of sepsis.

Sepsis was present in 112 (57%) of these assessments.

Sepsis presence was correctly recognised and documented in 42%.

Correct severity stratification was only documented in 21% of assessments.

Therefore in the majority of cases we failed to correctly recognize and document sepsis or stratify the severity of sepsis in the notes.

**RESULTS - confidence vs. knowledge**

There were high confidence levels in the diagnosis of sepsis (Fig. 1), not matched by ability (Fig. 2 and Fig. 3).

Of the 32 respondents that answered all questions only 2 were able to correctly identify all criteria defining SIRS, severe sepsis and septic shock.

**CONCLUSION**

Confidence outweighs knowledge with regards to the diagnosis of sepsis and severity.

If clinicians fail to document the severity will this impact on their ability to treat and employ the Sepsis 6 bundle?

**WHAT'S NEXT AT MACCLESFIELD?**

We are now part of the new Macclesfield ‘Sepsis Steering Group’ in order to deliver best practice and education via a hospital wide sepsis campaign.

This audit will be taken to full cycle after implementation of the campaign and local education.

We will improve everyone’s knowledge!

Doctors in our Deanery are also invited to answer our survey. We will then compare whether our sepsis campaign improves our clinician’s sepsis knowledge and documentation compared to the rest of the North West.

**REFERENCES**


**CONTACT INFORMATION**

Dr Lucy Connor
Email: lucy.connor2@nhs.net

Dr Micayla Telfer
Email: micayla.telfer@nhs.net