

Sepsis: Patient Experience and Management

Literature Review

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SEPSIS: PATIENT SUBJECTIVE EXPERIENCE AND MANAGEMENT

Sepsis: Patient Experience and Management

Sepsis is a lethal issue that progresses quickly and wreaks havoc on its victims. Sepsis is “a body-wide infection that overwhelms the immune system and causes severe multiorgan compromise” (Capriotti & Frizzell, 2016, p. 1108). Since sepsis is a multifaceted problem, it is complicated to diagnose and treat. Time is of the essence when diagnosing and treating sepsis, so making a quick diagnosis can decrease the likelihood of complications and save lives. The CDC reported that the four most common infections that lead to sepsis in 2016 were lung infections (35%), urinary tract infections (25%), gut infections (11%), and skin infections (11%) (Center for Disease Control, 2016). Understanding the leading causes of sepsis can make it easier to identify sepsis early and reduce the chances of complications. Additionally, understanding the patient’s experience preceding the diagnosis of sepsis may aid in an early diagnosis and treatment.

The signs, symptoms and help-seeking experiences of neutropenic sepsis patients before they reach the hospital.

This article explores the subjective experience that neutropenic sepsis patients went through before being admitted to the hospital. Interviews were performed on 22 cancer patients who were admitted to the hospital for treatment of neutropenic sepsis. First, the patients explained the timeline between the onset of their symptoms, to the admittance to the hospital. After the patient’s narration, the interviewer asked semi-structured questions to gather more details about specific issues. The questions focused on the patient’s decision to seek medical care and their understanding of neutropenic sepsis. The interviews revealed that 37% of the patients interviewed took more than 12 hours to be admitted to the hospital after the onset of

SEPSIS: PATIENT SUBJECTIVE EXPERIENCE AND MANAGEMENT

their symptoms. The evaluation also found that most of the patients understood the importance of self-monitoring for signs of infection at home. The information gathered from this study can be applied to help patients be more vigilant at self-monitoring for signs of neutropenic sepsis (Clarke et al., 2015).

Key Points

The purpose of this article is to understand the patients' point of view in the events preceding hospitalization. The interview questions were organized around four main ideas. These included the patients' understanding of neutropenic sepsis, presentation of neutropenic sepsis, the patient's decision to seek medical help, and patient pathway from first medical contact to hospital admission. These questions revealed modifiable behaviors that delayed the patients' presentation to the hospital with the intentions of reducing the amount of time it takes to seek medical attention. This study also found potential medical errors by non-specialists to recognize signs and symptoms of neutropenic sepsis (Clarke et al., 2015).

Assumptions

The first assumption presented in this research is the interviewers assume the patients are telling the truth with their responses. Some patients may exaggerate or hyperbolize their experience. Additionally, this study assumes perfect accuracy in their patients' responses. The human memory is fallible and often makes mistakes.

Deficit/Conclusion

The purpose of this research was to expand our knowledge of what patients with neutropenic sepsis experience. Using this knowledge, we can improve the management of

SEPSIS: PATIENT SUBJECTIVE EXPERIENCE AND MANAGEMENT

neutropenic sepsis and improve patient outcomes. This research found that cancer patients need more education on what to do if they feel unwell or febrile, and when they should come to the hospital. This article also suggests easier telephone access to a hematology unit to allow for quicker diagnosis of neutropenic sepsis. Lastly, communication between healthcare professionals could be improved by having a standardized, patient-held record for all cancer patients. Patient-held files would contain up-to-date information about the patient's illness and complication, which would improve communication between clinicians (Clarke et al., 2015).

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Key Points

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Conclusion

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References

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