

TOOLKIT: SKILL GAP ASSESSMENTS FOR ED NURSES

This tool was adapted with permission from the Greater New York Hospital Association/United Hospital Fund Quality Initiatives STOP Sepsis Collaborative.

1. How long have you been in practice?

0-2 YEARS

2-5 YEARS

5-10 YEARS

10+ YEARS

2. In your experience, what is the single greatest contributor to delays in treatment of severe sepsis and septic shock in our department?

LACK OF RECOGNITION OF POTENTIAL SEPSIS IN TRIAGE

DELAY IN DIAGNOSIS OF SEPSIS BY PHYSICIANS

KNOWLEDGE DEFICIT REGARDING APPROPRIATE MANAGEMENT

NURSING DELAYS (TIME TO COMPLETION OF ORDERS)

PHARMACY DELAYS (E.G. PROFILING OF ZOSYN)

LAB DELAYS

LACK OF NECESSARY EQUIPMENT (PLEASE EXPLAIN BELOW)

DELAY IN AVAILABILITY OF ICU BEDS

OTHER (PLEASE EXPLAIN BELOW)

Please explain:

3. How confident do you feel in your ability to recognize the following conditions in triage?

VERY CONFIDENT

SOMEWHAT CONFIDENT

NOT AT ALL CONFIDENT

PNEUMONIA

SEVERE SEPSIS

SEPTIC SHOCK

4. Would protocolized order sheets like those for pneumonia and ACS help you to manage septic patients?

YES

NO

Comments:

5. Which of the following would be significant barriers to the implementation of a protocolized approach for resuscitation of severe sepsis in our department (check all that apply)?

CENTRAL CATHETER INSERTION

MEASURING LACTATE

TIME REQUIRED TO CARRY OUT ORDERS

ACCESS TO PROTOCOL MEDICATIONS (PRESSORS, DOBUTAMINE)

ACCESS TO CVP/SVCO₂ MONITORING

PHYSICAL SPACE IN THE ED

HANDOFF BETWEEN ED AND ICU (TRANSFER OF CARE)

OTHER (PLEASE SPECIFY)

6. Do you feel that abnormal vital signs are reported to you in a timely fashion by support staff?

YES, ALMOST ALWAYS

SOMETIMES

NO, HARDLY EVER

Comments:

7. When blood cultures are ordered, do you often also see venous lactate ordered?

ALWAYS

SOMETIMES

HARDLY EVER

Comments:

8. Studies demonstrate a correlation between arterial and venous lactate measurements of:

> 90%

75 - 90%

< 75%

NOT SURE

9. Which is the appropriate tube for sending venous lactate?

GOLD TOP

GOLD TOP ON ICE

LIGHT GREEN TOP ON ICE

LAVENDER TOP

10. What is the minimum value of venous lactate that would concern you for severe sepsis? (Please do not enter a range.)

11. How much fluid on average would you anticipate giving the severely septic/septic shock patient during a six-hour stay in the ED? (Enter in liters; please do not enter a range.)

12. How often do you use vasopressors and/or dopamine for the severe sepsis/septic shock patient?

VASOPRESSORS

DOPAMINE

OFTEN

OFTEN

SOMETIMES

SOMETIMES

HARDLY EVER

HARDLY EVER

Which vasopressors? Always through a central line?

13. Are you familiar with the SIRS (systemic inflammatory response syndrome) criteria?

YES

SOMEWHAT

NOT AT ALL

14. Please provide your suggestions on ways to improve our department's performance in the early recognition and treatment of severe sepsis and septic shock.