Ombudsman warns of deaths linked to poor sepsis treatment

By Sophie Blakemore

THOUSANDS OF children and adults are dying each year because of a failure to diagnose and provide rapid treatment for severe sepsis, research by the health service ombudsman has revealed.

The ombudsman’s first clinical report estimates that 37,000 people die from the infection annually.

It focuses on the deaths of ten patients and highlights poor initial assessments and delays in administration of antibiotics.

One case study is of an eight-year-old girl who was taken to hospital in the evening with severe vomiting, abdominal pain and lethargy. Admitted to a children’s ward with laboured breathing, raised blood pressure, a high temperature and rapid pulse, no blood tests were carried out, she was discharged home later that night and died at home the next morning.

Sepsis occurs when the body’s immune system overreacts to infection, setting off a series of reactions that lead to widespread inflammation and blood clots. The most common causes are pneumonia, bowel perforation, urinary infection and severe skin infections.

The report states that existing care standards and protocols for the care of people with severe sepsis, from organisations such as the National Institute for Health and Care Excellence and the Surviving Sepsis Campaign, are not being followed. Inadequate training and education of healthcare staff, documenting management plans and handover protocols were also identified in the report as needing improvement.

Meanwhile, a second NNRU study of parents’ experiences of health visiting services revealed the importance of building trusting relationships to boost parental confidence in their own decision-making about child and family health.

Commenting on the research, health visitor and emeritus professor of community practice development at King’s College London Dame Sarah Cowley said supporting health visitors ‘to deliver a high quality service to families, especially where there is a high level of need, is the key to retention and recruitment’.

RCN nurse adviser for infection prevention and control Rose Gallagher said that because a child’s condition can deteriorate quickly, it is important for nurses to work with the whole multidisciplinary team to identify the signs of sepsis at an early stage.

‘All members of the multidisciplinary team – nursing staff, doctors and ambulance workers – must be confident about the signs and symptoms of sepsis, and know how to seek further advice at times when it is difficult to know whether a child is in the early stages of sepsis or a self-limiting virus,’ Ms Gallagher said.

‘The really important thing is to listen to parents; they know their children best. If mum says her child is floppy and not eating properly, staff must always listen to this and act on it. It is about working with parents to get the best outcome for the child because children can go downhill very quickly when they are poorly.’

Health visitors ‘most motivated’ when they get adequate support

SUPPORTING HEALTH visitors to deliver a high-quality service to children and their families is central to recruitment and retention of the workforce, new research has revealed.

A study by the National Nursing Research Unit (NNRU) at King’s College London found health visitors are motivated by a primary desire to ‘make a difference’ to children and families.

Researchers exploring the motivations and aspirations that encourage them to join and remain in the profession found they were committed to their career choice, even in periods of heightened workload pressures, when service managers and practice teachers shape working and learning environments in ways consistent with their practice ideology.

Even though admissions to children’s intensive care units have risen, mortality is at an all-time low, according to research.

Data from 31 institutions found admissions increased by 5 per cent between 2011 and 2012.

The research for the Healthcare Quality Improvement Partnership and Paediatric Intensive Care Audit Network also found that most units met standards set by the Paediatric Intensive Care Society for staffing levels for ‘office hours’.

However, ‘out of hours’ staffing levels were only met by between half and two thirds of units.