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A Complimentary Publication

## Surviving Sepsis

Several years ago there was an international effort, known as the “Surviving Sepsis Campaign,” that was developed to improve the diagnosis, management and treatment of sepsis in an effort to decrease fatalities. The recommendations and guidelines were based on evidenced-based practices for resuscitating the septic patient during the first six hours after recognition.

**SIRS [systemic inflammatory response syndrome]** is a predictable and treatable inflammatory response that usually takes place in response to a foreign microorganism such as bacteria, viruses, fungus, etc. Other potential causes of SIRS include trauma, burns, heart attack or inflammatory processes such as pancreatitis.

In order to better treat patients with sepsis, one needs to suspect it and diagnose it early. Many hospitals around the world have implemented screenings for sepsis, where every shift the nurse must attempt to identify signs and symptoms of SIRS and notify the physician to see if they want to implement a standardized order set to help aid in the diagnosis and streamline treatment.

The nurse is screening for these signs of SIRS:

- ▶ Body temperature less than 96.8 degrees or more than 100.4 degrees
- ▶ Heart rate greater than 90
- ▶ Respirations greater than 20
- ▶ WBC count less than 4 or greater than 12.

Many nurses would normally not get too excited with respirations of 24, a heart rate of 94 or a temperature of 100.4. But any two of the above would indicate a positive screening for SIRS and the doctor should be

notified to see if he wanted to institute the standing orders that would include standard blood work. These orders include lactate levels every four hours for eight hours, as well as the usual orders when trying to find the source of infection, such as paired blood cultures, respiratory secretions if indicated, urinalysis and culture and a chest x-ray. Lactate levels are important because a level above 2 indicates that there is decreased perfusion to organs. Lactic acid is produced as an end product when tissues do not get enough oxygen.



As you can see by screening every patient in this manner, SIRS can be recognized early and treatment instituted to prevent the progression to severe sepsis and multiple organ failure.

The term “sepsis” is used to describe SIRS [the systemic response] in the presence of an infection.

**Severe sepsis** is a term used to define signs of failure of at least one organ.

- ▶ Neurological failure = altered mental status
- ▶ Cardiovascular failure = hypotension [low blood pressure]
- ▶ Respiratory failure = hypoxia [decreased oxygenation]
- ▶ Renal failure = scant urine production and/or increased BUN/creatinine
- ▶ Hematologic failure = coagulopathy [bleeding problems]

**Septic shock** is sepsis with persistent low blood pressure in spite of fluid replacement, resulting in persistently decreased blood flow to the tissues.

Just to repeat this very important point, the goal with screening for SIRS is early identification and treatment to keep this response from progressing to severe sepsis, septic shock and frequently death.

Source: [www.survivingsepsis.org](http://www.survivingsepsis.org)

## Mock Trials in the Internet Age

**Would you like to have a mock trial or focus group to help you prepare for an upcoming trial but have found the cost prohibitive for your practice?** There may be a solution for you. There are a few companies on the internet that provide you with this type of pretrial research for a fraction of the cost.



eJury is one company that provides this service. It is much like a traditional mock jury or focus group, except the jurors participate via the Internet. The convenience of online participation allows for a larger panel on each case [usually 50 people], giving the attorney the type of feedback normally associated with large focus group research, but without the traditionally higher cost. You can obtain this research on your cases for between \$700-\$1750. The base charge is \$350 per page for up to 5 pages.

You submit the case facts, jury questions to be used at trial and personal questions designed to obtain additional feedback. Your information is then converted to HTML format and posted on their website in a secure location. An email is sent out to registered eJurors, where your case is located, that a new case has been posted. The eJurors review the facts, answer your questions and submit their verdict. Once a minimum number of verdicts have been rendered, the case is automatically concluded. The results are then tabulated, printed and bound. The final summary includes the liability and damages statistics, as well as all

50 verdicts with corresponding demographic profiles of each participating eJuror.

The knowledge you gain from getting 50 opinions about your case could help promote a settlement by determining the value of your case, convincing your client of its value, persuading your opponent to settle, confirming a realistic evaluation of your case or dissuading unreasonable client expectations.

The knowledge can also help you prepare for trial by identifying the facts to emphasize, developing case themes, testing jury arguments, discovering public attitudes and creating ideal juror profiles. For more information including sample cases and testimonials go to [www.ejury.com](http://www.ejury.com).

Another company that provides a similar service is LegalVote.com. Their charge is \$300 per page of single-spaced information.

### Disadvantages of Virtual Juries

- The online pool is limited to people actively seeking to decide a case and know how to use a computer
- The virtual jurors make decisions without watching trial simulations and without peer pressure that can accompany jury deliberations
- There is no way to control whether the virtual jurors have consulted with friends and family about a case
- The virtual jurors cannot react to a particular attorney.

**Quotables:** “If you can’t convince them, confuse them!” ~ Harry Truman

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