



St. Jude campaign against sepsis

epsis is a dangerous condition that can happen when your child has an infection. The body's infection-fighting system is called the immune system. It usually fights off infections, sometimes with help from medicines. If your child gets sepsis, the immune system attacks your child's own body instead of the infection. This attack releases toxins that can change body temperature, heart rate and blood pressure. These toxins can also prevent the body's organs from working properly.

The St. Jude staff has been involved in a nationwide effort to define and measure sepsis and improve outcomes. This effort started on the inpatient units in January 2019. Now, the staff plans to extend this effort to the Ambulatory Care Unit (ACU) starting January 2020. The Children's Hospital Association organized this effort. The hospitals involved developed patient care guidelines for finding and treating sepsis early. Why are St. Jude patients at risk for sepsis?

Sepsis is more common in St. Jude patients with these risk factors:

- An infection or open wound
- Recent surgery or chemotherapy
- Certain medical equipment, IVs, central lines or ports
- Weakened immune system low white blood cell count
- Sickle cell disease
- Spleen not present or not working well

The St. Jude team will check your

child for signs of sepsis. They also will do things to help prevent it, such as keeping your child's room, IV and other medical equipment clean. You can also help protect your child. Learn the signs of sepsis and ask your child's doctor or nurse if you have questions or notice anything that worries you.

What are the signs of sepsis?

Talk to a St. Jude doctor or nurse right away if your child shows any of these signs:

- Fever, 100.4 degrees F or above
- Rapid breathing
- Low blood pressure
- Fast heart rate
- Pale or mottled skin
- Extreme pain or discomfort
- Confused and sleepy, hard to wake up
- Acting irritable, fussy, confused or just "different"

If you talked to the doctor or nurse and are still concerned that your child may be getting worse and needs to be seen right way, call the Rapid Response Team (RRT) at 901-595-3999.

What happens if the ACU staff suspects your child may have sepsis?

At the ACU visit, the medical team and your child's nurse will discuss vital signs and any signs of sepsis your child might have. You will be included in this discussion. You can give the staff important information about your child's current state.

The staff will carefully consider the

Acute Care Clinic opens next month

The Acute Care Clinic (ACC) will make its debut at St. Jude Tuesday, January 28. Solid tumor patients will make the transition first to the ACC.

This new clinic was developed to improve the flow of primary clinics. The ACC will be located behind the north lobby waiting room. It will be open Monday through Friday 8 a.m. to 5 p.m.

In the ACC, your child will be:

- Seen for any unscheduled patient need, such as fever, pain and uncontrolled nausea.
- Cared for by Ambulatory Care Unit nurses and advanced practice providers.
- Given the same level of care received in the primary clinic.

While your child is treated, the ACC will share patient status reports with your primary care team. Please look for more details to come about the ACC from your primary clinic.

risk of sepsis based on your child's diagnosis and current ability to fight infection. The team may decide that even though your child has some possible sepsis signs, they do not suspect it at this time. Your child may be placed on a "sepsis watch." The staff will watch your child closely for signs of sepsis and will likely do tests and give your child antibiotics.

If sepsis is suspected, your child might be admitted to the hospital or transferred to the intensive care unit.

Sepsis is a serious, life-threatening condition. Sepsis in children needs quick action. You know your child better than anyone else. If you think your child might be showing signs of sepsis, talk to the care team right away.

How is sepsis treated?

First, your child will have tests to look for sepsis. These can include tests on blood, urine, spinal fluid, or a sample of your child's bowel movements, and a chest X-ray.

Sepsis treatment depends on the cause. Bacteria are the most common cause. Antibiotics treat infections from bacteria, so your child will get antibiotics until the doctor has the test results. If the results show that bacteria are the cause of sepsis, the doctor will tell you how long your child needs antibiotics. Other treatments include medicine to treat pain and fever, and fluids to keep your child from getting dehydrated or to correct low blood pressure.

A virus, fungus or parasite can also cause sepsis. Your child's doctor will tell you about treatment if one of these is the cause.

If you have questions about sepsis, please ask your child's doctor or nurse.



Talking about **Medicines**

Precautions for fentanyl patches

By Shane Cross, PharmD, Pharmaceutical Service

At some point in your child's treatment, pain medicine might be needed. Fentanyl patches are one way to give pain medicine through the skin over time. Each patch helps relieve pain for three days.

The US Food and Drug Administration has stressed special precautions for fentanyl patches. Being exposed to fentanyl by accident can be harmful and even lead to death. Young children are at greatest risk because they are mobile and curious. Be sure to follow these guidelines to protect everyone from fentanyl patch dangers:

- Keep used and unused patches out of the reach of children.
- As soon as your child no longer needs fentanyl patches, place left over patches in the blue MedSafe box located outside the Outpatient Pharmacy. **Or**, remove the leftover patches from their protective pouches. Remove the protective liners and fold the patches in half, so the sticky sides stick together. Flush them down the toilet. Do not flush the pouch and liner. Throw those away in the trash.
- If anyone touches the gel on a loose patch, wash the skin right away with running water. Replace any loose patch using the guidelines in "Do You Know... About Fentanyl Patches."
- When it is time to replace a patch, remove the old patch and try not to touch the gel. Fold the used patch in half so the sticky sides stick together. Then, flush it down the toilet. Wash hands well after handling the patch.
- The patch will release more medicine if it gets too warm. This could lead to an overdose. Your child may take a bath or shower while wearing a fentanyl patch, but avoid very warm or hot water. Your child should avoid hot tubs while wearing a fentanyl patch.

If you have questions about fentanyl patches or any of your child's medicines, talk to the doctor, nurse or pharmacist.

this happens, a shuttle driver will be rerouted from their regular schedule to make the pickup. Then, they must get back to their regular shuttle schedule as soon as possible.

If you call for a shuttle pickup, please go to the pickup area right away. The sooner passengers are on the shuttle bus, the faster the

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ATTENTION: If you speak another language, assistance services, free of charge, are available to you. Call 1-866-278-5833 (TTY: 1-901-595-1040).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-278-5833 (TTY: 1-901-595-1040).

تتبيه: إذا كنت تتحدث باللغة العربية فيمكنك الاستعانة بخدمات المساعدة اللغوية المتوفرة لك مجانا. يرجى الاتصال بالرقم 1866-278-5833 - (الهاتف النصي: 1040-595-101-1). drivers can resume their regular routes.

Please help St. Jude keep the shuttle buses on schedule. It benefits you and all St. Jude patient families.

If you need to request a shuttle bus pickup outside the regular shuttle bus schedule, call Security at 901-595-4444.



St. Jude Children's Research Hospital

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Help keep the shuttle buses on schedule

St. Jude has several shuttle buses that transport patient families back and forth from housing to the hospital. You can get copies of the Patient Shuttle Bus Schedule at the Guest Services desks in the Patient Care Center and Chili's Care Center lobbies, as well as at the front desk of each housing facility.

The shuttle drivers have schedules they must meet to provide reliable pickup and drop-off times for patient families. Sometimes, a family will request a shuttle bus pickup outside the regular shuttle bus schedule. When