I. Sepsis-Scope of the Problem
   a. Core messages for all: prevalence, high morbidity/mortality
      i. https://www.cdc.gov/sepsis/basic/index.html
      ii. https://www.health.ny.gov/diseases/conditions/sepsis/ (sepsis overview)
   b. Supplementary for physicians: New York State adult and pediatric mortality and trend
      i. https://www.health.ny.gov/diseases/conditions/sepsis/ (See Hospital Quality Performance Reports)

II. Rory Staunton’s Regulations:
   a. Core messages for all: NYSDOH improvement initiative rationale
   b. Supplementary for hospital physicians: NYS hospital protocol and reporting requirements
      1. 10 NYCRR 405.2: https://regs.health.ny.gov/content/section-4052-governing-body
      2. 10 NYCRR 405.4: https://regs.health.ny.gov/content/section-4054-medical-staff

III. Causes of Sepsis
   a. Core messages for all: any infection can cause sepsis; some groups are at higher risk (extremes of age, chronic conditions, immune suppressed), common sites of infection associated with infection
      i. https://www.cdc.gov/sepsis/basic/index.html
      iii. https://rorystauntonfoundationforsepsis.org/sepsis-fact-sheet/
      iv. https://rorystauntonfoundationforsepsis.org/sepsis_and_aging/
   b. Supplementary for physicians: common organisms associated with sepsis, at-risk populations

IV. Early Recognition of Sepsis
   a. Core message for all: no single test for sepsis, signs/symptoms of sepsis
      i. https://rorystauntonfoundationforsepsis.org/sepsis_and_aging/
      ii. https://www.cdc.gov/sepsis/basic/index.html
      iii. https://rorystauntonfoundationforsepsis.org/sepsis-fact-sheet/
   b. Supplementary for physicians: types of sepsis (severe sepsis and septic shock) and definitions/criteria
   c. Supplementary for physicians-pediatric: severe sepsis and septic shock in pediatric populations and differences from adult populations
d. **Supplementary for home care/nursing facilities staff:** signs and symptoms in the elderly

V. **Principles of Sepsis Treatment**
   a. **For all:** rapid evaluation and treatment is critical
      i. [https://www.cdc.gov/sepsis/basic/index.html](https://www.cdc.gov/sepsis/basic/index.html)
      ii. [https://www.cdc.gov/sepsis/get-ahead-of-sepsis/hcp-resources.html](https://www.cdc.gov/sepsis/get-ahead-of-sepsis/hcp-resources.html)
      iii. [http://www.survivingsepsis.org/News/Pages/Antibiotics-for-Treating-Sepsis.aspx](http://www.survivingsepsis.org/News/Pages/Antibiotics-for-Treating-Sepsis.aspx)
      iv. [https://www.cdc.gov/drugresistance/](https://www.cdc.gov/drugresistance/)
   b. **Supplementary for physicians:** rapid culture, antibiotics, lactate, hemodynamic support as appropriate
   c. **Supplementary for physicians-pediatrics:** rapid fluids, culture, antibiotics and hemodynamic support as appropriate

VI. **Patient Education and Prevention**
   ii. [https://www.cdc.gov/sepsis/get-ahead-of-sepsis/hcp-resources.html](https://www.cdc.gov/sepsis/get-ahead-of-sepsis/hcp-resources.html)
   iv. [https://www.sepsis.org/resources/infographics/](https://www.sepsis.org/resources/infographics/)

**Additional Resources:**
[https://www.global-sepsis-alliance.org/](https://www.global-sepsis-alliance.org/)
[https://www.sepsis.org/](https://www.sepsis.org/)