

## Huddle Up

# Infection Identification

## Know the Red Flags for Infection



### Huddle Objective

Increase staff awareness and vigilance for early signs of infection in dialysis patients to reduce hospitalizations and improve patient outcomes.

### Key Teaching Points

- Infections are a leading cause of hospitalization and death in dialysis patients.
- Early identification and prompt response can prevent complications, hospital stays, and sepsis.

### Team Discussion Prompt

Ask the team: *What are some recent situations where early signs of infection were missed—or caught early—and what did we learn from that?*

### Takeaway Message

Recognizing infection early saves lives. Trust your clinical instinct—if something seems off, speak up!

### Look for ANY of the following signs/symptoms:

- Fever ( $\geq 100.4^{\circ}\text{F}$  /  $38^{\circ}\text{C}$ )
- Chills or rigors (shaking)
- Hypotension (SBP  $< 100$  mmHg or a sudden drop from baseline)
- Tachycardia (HR  $> 100$  bpm)
- New or worsening mental status changes
- Redness, warmth, swelling, drainage, or pain at:
  - Vascular access site
  - Catheter exit site
- Any wound or skin breakdown
- Cough, shortness of breath, or sputum changes
- GI symptoms: Nausea, vomiting, or diarrhea

### Specific Access-Related Signs

- **AV Fistula/Graft:** Pain, redness, swelling, or pus
- **CVC (central venous catheter):** Exit site redness, tenderness, drainage, fever without other source

### What To Do

- Notify the charge nurse or nephrologist immediately.
- Obtain vital signs (repeat if needed).
- Document findings in the EMR.
- If directed: obtain blood cultures, wound/exit site swab, or labs per protocol.
- Follow isolation precautions if infection is suspected (mask, gown, gloves).

### Best Practices

- Hand hygiene before and after patient contact.
- Assess access sites each treatment.
- Use aseptic technique during cannulation or dressing changes.
- Encourage patients to report symptoms early.

