

TABLE I
QUESTIONS AND MARK SCHEME FOR THE PRE AND POST TESTS

Pre-test Questions (Maximum mark = 71)	Pre-test answers	Mark
Name the non-specific sepsis symptoms	chills, fast heartbeat, high temperature, dizziness or light-headedness, confusion and nausea	8
What are the clinical signs of sepsis?	loss of consciousness, severe breathlessness, change in mental state, slurred speech, cold/clammy and pale/mottled skin, elevated heart rate and breathing rate.	8
What are the red flag sepsis indicators?	responds only to voice, acute confused state, systolic blood pressure less than 90, heart rate greater than 130, respiratory rate more than 24 per minute, needs oxygen to keep oxygen level greater than 91%, non-blanching rash, mottled/ashen/cyanotic skin, no urine output in last 18h or less than 0.5ml/kg/hr, lactate level more than 2 mmol/l, recent chemotherapy	10
What are the yellow flag sepsis indicators?	relatives concerned about mental status, acute deterioration in functional ability, immunosuppressed, trauma/surgery/procedure in last 8 weeks, respiratory rate 21-24, systolic blood pressure 91-100mmHg, heart rate 91-30 or new dysrhythmia, temperature greater than 36C, clinical signs of wound infection.	9
Name the six stages of the sepsis six bundle	Give: oxygen, antibiotics, fluids Take: urine output (catheter), blood cultures and blood gas	6
How quickly should sepsis care be implemented?	As soon as possible / Straight away	2
When should antibiotics be administered?	Within 1 hour of arriving at hospital	2
What are the stages of the screening process?	1) Check NEWS score or if patient looks sick, 2) could this be due to an infection? 3) is a red flag present? 4) are any yellow flags present? 5) if yes to 4 then send bloods, st3 doctor to review 6) if yes to 4 and bloods taken, is AKI present? 7) if no to 6 then make antimicrobial decision. 8) if yes to 3 and/or 6 then start sepsis six bundle/pathway	8
Why would you stop antibiotics in a suspected sepsis patient?	bloods do not show signs of infection	2
Why is providing fluids important in treating a sepsis patient?	to improve blood pressure and help with fever if present	2
What antibiotics are used to treat the four types of sepsis?	a) Neutropenic Sepsis - Piperacillin and Gentamicin or Meropenem and Gentamicin or Vanomycin if deteriorating after 48 hours. b) Severe Sepsis - Amoxicillin and Metronidazole and Gentamicin or Vanomycin and Metronidazole and Ciproflaxin and Gentamicin c) MRSA Sepsis - Vanomycin and Metronidazole and Gentamicin or Vanomycin and Metronidazole and Ciproflaxin and Gentamicin. d) ESBL sepsis - Meropenem and Amikacin	8
Describe the process after applying the elements of sepsis six.	Review patient after completing the fluid challenge - consider more fluids, increasing/reducing oxygen or contacting critical care or continue to observe	6
Post-Test questions (Maximum mark = 71)	Post-test answers	Mark
Name the clinical signs that may indicate sepsis	loss of consciousness, severe breathlessness, change in mental state, slurred speech, cold/clammy and pale/mottled skin, elevated heart rate and breathing rate.	8
What are the sepsis red flag symptoms?	responds only to voice, acute confused state, systolic blood pressure less than 90, heart rate greater than 130, respiratory rate more than 24 per minute, needs oxygen to keep oxygen level greater than 91%, non-blanching rash, mottled/ashen/cyanotic skin, no urine output in last 18h or less than 0.5ml/kg/hr, lactate level more than 2 mmol/l, recent chemotherapy	10
What are the six stages of sepsis six?	Give: oxygen, antibiotics, fluids Take: urine output (catheter), blood cultures and blood gas	6
What should be done after the fluid challenge is complete?	Review patient's blood pressure, urine output and temperature - consider more fluids	6
Why would you stop antibiotics for a suspected sepsis patient?	bloods do not show signs of infection	2
Why would you continue fluids for a suspected sepsis patient?	blood pressure still high or patient still present a fever or both	2
Why would you consider contacting critical care after sepsis six?	no improvement in patient's observations (oxygen, blood pressure, blood gas, urine output, respiratory rate and heart rate) despite antibiotics and fluids or patient is deteriorating	4
What would you do if patient is stable after following sepsis six?	continue to observe patient and treat accordingly	3
Describe the process after applying the elements of sepsis six.	Review patient after completing the fluid challenge - consider more fluids, increasing/reducing oxygen or contacting critical care or continue to observe	6
Describe the sepsis screening process	1) Check NEWS score or if patient looks sick, 2) could this be due to an infection? 3) is a red flag present? 4) are any yellow flags present? 5) if yes to 4 then send bloods, st3 doctor to review 6) if yes to 4 and bloods taken, is AKI present? 7) if no to 6 then make antimicrobial decision. 8) if yes to 3 and/or 6 then start sepsis six bundle/pathway	8
What are the different possible causes of sepsis?	Pneumonia, Urinary Tract Infection, Abdominal pain or distension, Cellulitis/septic arthritis/infected wound, device-related infection or meningitis	8
What antibiotics are used to treat the four types of sepsis?	a) Neutropenic Sepsis - Piperacillin and Gentamicin or Meropenem and Gentamicin or Vanomycin if deteriorating after 48 hours. b) Severe Sepsis - Amoxicillin and Metronidazole and Gentamicin or Vanomycin and Metronidazole and Ciproflaxin and Gentamicin c) MRSA Sepsis - Vanomycin and Metronidazole and Gentamicin or Vanomycin and Metronidazole and Ciproflaxin and Gentamicin. d) ESBL sepsis - Meropenem and Amikacin	8

Tabulated mark scheme displaying the questions and corresponding correct answers from the post and pre-tests presented to participants (control group and test group) prior to and at the end of the user evaluation sessions.