



# The sepsis syndrome

Redefined almost 20y ago USA

Forget septicaemia, bacteraemia, blood poisoning, viraemia, etc

Now standardised terminology

Used as basis for all decent R&D, EWS, current practice Forms part of practice for almost every speciality

Dynamic spectrum ranging from SIRS/sepsis/severe sepsis/septic shock/MOF/death

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## SIRS

Systemic inflammatory response syndrome Clinical scenario and 2/4 of following:

>Temp <36 or >38

>RR > 20 or PaCo2 < 32mmHg (4kPa)

≽HR > 90/min

>WCC < 4 or > 12

Early and very common BUT do not underestimate its significance

Mortality up to 20%

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### Sepsis:

Presence of SIRS in presence of infection of any cause, either confirmed or strongly suspected (positive cultures not required for diagnosis and in any case 50% will be negative)

Eg; pneumonia, wound infection, UTI, line infection

## Severe Sepsis:

Sepsis with CVS compromise resulting in organ hypoperfusion or hypotension (inc. oliguria, confusion, lactic acidosis).

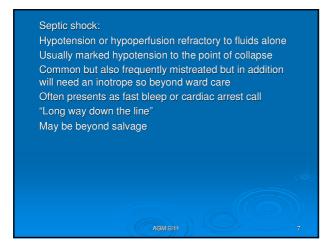
Hypotension defined as fall in systolic > 40mmHg or absolute < 90mmHg

In terms of EGDT a MAP < 65mmHg should be an alert and a target in the first instance

Responds to fluids

Very common scenario but often mistreated in terms of fluid used, volume given and escalation

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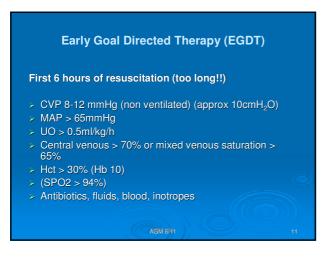


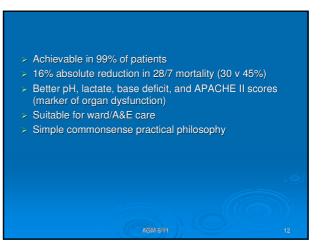


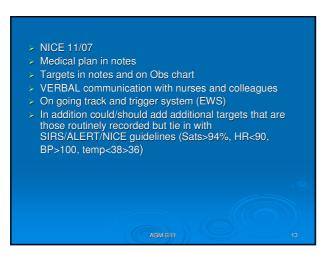
Syndrome criteria can also be used as a guide to outcome as mortality rate rises along the line;
Roughly 20% for every organ failed plus starter of 20%
"Will die" if 4 organ failure and "certain to die" with 3 organ failure
Odds against even with 2 organ failure eg needs inotrope and NIV

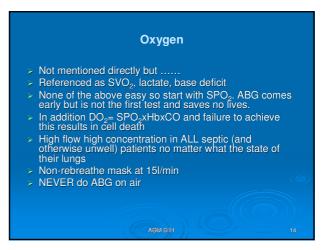
On other words act and refer EARLY

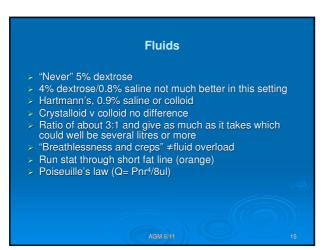
Surviving Sepsis Campaign (SSC) guidelines for management of severe sepsis and septic shock International committee
2 reports 2004 & 2008
One of the most useful and comprehensive starting points for advanced care but also excellent guide for front line staff



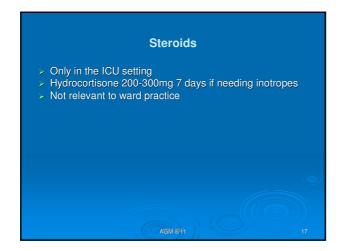


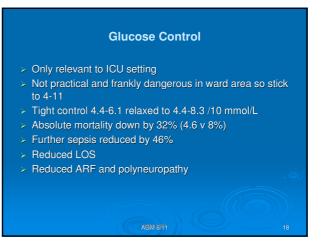


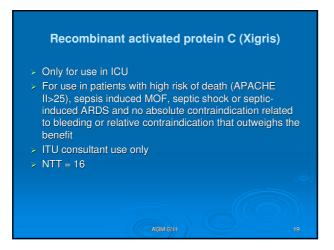












# Haematology EGDT says Hb 10 Blood transfusion for Hb<7 with target of 7-9g/dl (after initial resuscitation) Routine use of FFP in absence of bleeding or planned procedures not advisable Platelets to be given if count (x109/l) <5 or if 5-30 and risk of bleeding or >30 and planned procedure

## **Miscellaneous**

- > Bicarbonate not advisable unless pH<7.15 (and ventilated)
- DVT prophylaxis with heparin and TEDS unless contraindicated
- > Stress ulcer prophylaxis with H<sub>2</sub> antagonists (PPIs)
- Discuss advance care planning with patients and families
- > Remember the MCA, DNAR status and LCP
- > Remember organ and tissue donation