

Early Identification of the septic patient

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The Third International Consensus Definitions Task Force defined sepsis as “life-threatening organ dysfunction due to a dysregulated host response to infection.”

Based on a consensus process using results from a systematic review, surveys, and cohort studies, septic shock is defined as a subset of sepsis in which underlying circulatory, cellular, and metabolic abnormalities are associated with a greater risk of mortality than sepsis alone. Adult patients with septic shock can be identified using the clinical criteria of hypotension requiring vasopressor therapy to maintain mean BP 65mmHg or greater and having a serum lactate level greater than 2 mmol/L after adequate fluid resuscitation.

The Surviving Sepsis Campaign was launched in 2004 as a global initiative to improve survival and reduce the morbidity associated with sepsis. Rapid response systems and development of care bundles have been central to the initiative. Ward nurses, who are at the bedside of patients in hospital, are in a key position to identify early stage sepsis and development of organ failure.

We have implemented a clinical tool for triage of sepsis and organ failure at the ward, an alert and treatment flow chart, reinforced by training, to improve clinical observations. This may lead to fewer patients developing sepsis, and might improve in-hospital survival among patients with septic shock.

Increased compliance with sepsis performance bundles is associated with a 25% relative risk reduction in mortality rate.

Performance metrics can drive change in clinical behavior, improve quality of care, and decrease mortality in patients with septic shock.