



Hamilton Health Sciences

Sepsis



RACE: We're here to help





Outline

- Why this in service?
- What is sepsis?
- Sepsis pathophysiology
- Sepsis epidemiology
- Sepsis recognition
- Early treatment of sepsis



Why this in service?

- Sepsis was identified by **YOU** as an important area for education.
- Many of the consults seen by RACE are determined to be septic.
- Sepsis education, recognition and treatment has been identified as a priority for the next hospital accreditation.



What is Sepsis?

- Definition: Infection with signs of systemic inflammation.
- We call it **severe sepsis** if there is evidence of organ dysfunction or **septic shock** if fluids are inadequate to improve organ perfusion.
- Sepsis is a disease of the microcirculation in which there is inflammation and activation of coagulation in previously normal organs



Sepsis Pathophysiology

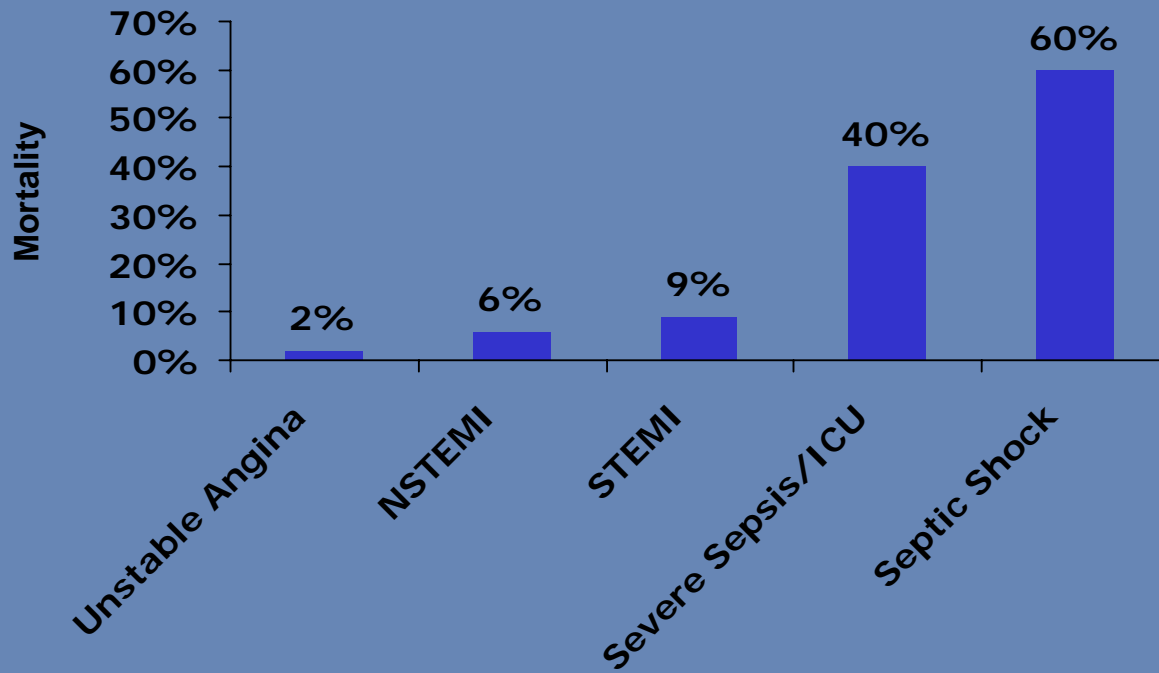
QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

From Prowess, NEJM, 2001



Sepsis statistics

- Based on US data it is estimated that there are 75,000 cases of sepsis in Canada annually, with a mortality around 30%. Compare this to coronary disease:





Signs of Systemic Inflammation

- Increased heart rate
- Increased respiratory rate
- Fever or low temperature

- Elevated leukocytes (wbcs) or low wbcs
- Presence of immature neutrophils (bands)



Signs of Organ Dysfunction

- Altered mentation or level of consciousness
- Dyspnea, hypoxia
- Hypotension, arrhythmias, chest pain
- Nausea, ileus
- Low urine output ($N > 0.5$ ml/kg/hr)

- Production of lactate ($N < 2.0$)
- Reduced central venous O_2 saturation ($N > 70\%$)
- Rising creatinine
- Elevated bilirubin ($N < 30$)
- Hyperglycemia



Early Treatment - 1

- **Fluids, Fluids, Fluids**
 - **Goal: improve intravascular volume and blood pressure**
 - **Use IV fluids that will stay intravascular**
 - Normal Saline or Ringer's Lactate or Colloid
 - Give through large bore peripheral IV (not triple lumen)
 - Use large volume boluses (500-1000ml wide open or even under pressure) **NOT THROUGH A PUMP**
 - **Look for: improved blood pressure, improved organ dysfunction**



Early Treatment - 2

- **Antibiotics**

- Broad spectrum/maximum dosing based on potential source
- If there has been an episode of hypotension then this should be a priority
 - Don't wait for the regularly scheduled time

- **Source Control**

- Drainage or surgery may be necessary to control the infection.



Why is early recognition and treatment so important?

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

Odds ratio for death for time from documented hypotension (MAP<65 or Sys BP <90 or sys BP fall by 40 from usual) to infusion of first antibiotic.
From Kumar et al CCM, 2006



Conclusions

- Sepsis is a common problem in hospitals
- Early recognition of sepsis is important to initiate treatment.

Time is Tissue