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Sepsis: A clinical update and future quality data available for your ED

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adopted a resolution to improve the prevention, diagnosis and management of sepsis. This resolution marked a new era in our fight against sepsis. All 194 member states of the United Nations will now need to develop national action plans against the condition, which is one of our most prolific killers. Often the final common pathway to death from infection, sepsis claims an almost unbelievable 8 million

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[Sepsis-3: The new definitions : Nursing2020 Critical Care](#)

respiratory rate of 25 breaths per minute or above, or new need for 40% oxygen or more to maintain oxygen saturation more than 92% (or more than 88% in known chronic obstructive pulmonary disease) heart rate of more than 130 beats per minute systolic blood pressure of 90 mmHg or less, or systolic blood pressure more than 40 mmHg below normal

The expanding evidence base in sepsis includes early goal-directed therapy (EGDT), clinical endpoints, and bundles of care for sepsis; antibiotics (choice and timing); volume resuscitation; ICU considerations, including the use of insulin and corticosteroids; and mortality, complications, and the advent of the condition of sepsis survivorship.

However, the Surviving Sepsis Campaign bundles have already incorporated the new Sepsis-3 definitions into their recommendations for sepsis screening and management. 14 Recommendations include initial screening for suspected or confirmed infection, screening for organ dysfunction and management of sepsis, and identification and management of initial hypotension. The qSOFA may be an additional tool to help identify patients who are at increased risk.

Hour-1 bundle: Initial resuscitation for sepsis and septic shock In the February article titled “Evidence-based updates to the 2016 Surviving Sepsis Guidelines and clinical implications,” the Hour-1 bundle was applied to Mr. G (the patient discussed in the case review) in the ED when the ED NP identified two qSOFA findings.

The New Sepsis Criteria: Sepsis-3 defines sepsis as “life-threatening organ dysfunction caused by a dysregulated host response to infection [suspected or confirmed].” Sequential [Sepsis-related] Organ Failure Assessment Score (SOFA) is used to define organ dysfunction as an increase in the total SOFA score of 2 points or more. The SOFA requirement is met by a minimum of 1 point increase in at least 2 organ systems or by a 2 point increase (or more) in a single organ system.

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Whats new The screening and management tool the Sepsis Six has been updated. The tool, which sets out the six actions that should be taken within one hour in suspected sepsis cases, now lists as its first step that patients should be seen by a senior clinician. The emphasis on rapid senior clinical input is the

CCC — Initial Management of Sepsis and Septic Shock; CCC — Surviving Sepsis Campaign Guidelines 2012; Journal articles . Abraham E. New Definitions for Sepsis and Septic Shock. JAMA. 315(8):757-. 2016. Angus DC, van der Poll T. Severe sepsis and septic shock. N Engl J Med. 2013 Aug 29;369(9):840-51. doi: 10.1056/NEJMra1208623.

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