Sepsis care in 2013

What's important in the ED

Sepsis

- Why is sepsis important?
- What’s the role of the ED in early sepsis care
- Why is lactate important?

Why is it important?

- STEMI, Stroke, Major Trauma, Sepsis
  - STEMI- 10% mortality
  - Stroke- 8% mortality
  - Major trauma 13% mortality
  - Septic shock 30% mortality

The role of the ED in severe sepsis

- Identification
- Early resuscitation
- Targeted endpoints of resuscitation
- The right disposition

Identification

- Early identification of septic shock probably as important (more?) as STEMI in terms of outcome difference
- Can be difficult to tell who will decompensate
- SBP <90 after 1L fluid, OR lactate >4, OR organ dysfunction (esp lungs, renal)
- Lactate screening is key
- Think about goals of care

Lactate

- Lactate >4 equal mortality to hypotensive
- All high lactate is bad, no false +ves
- Nurse ordered test based on triage triggers
- Also acts as a goal of care

Early Resuscitation

- Fluid resuscitation (usually start with 2L in most). No colloid, Hartmans probably better than NS. Ideally CO monitoring/IVC US.
- Give it quickly
- Early targeted broad spectrum antibiotics (have a guideline)

Targeted Endpoints

- Some sort of “goals” important
- Empiric fluid load of 2L minimum (+/- IVC US), and lactate clearance at 2h

Appropriate disposition

- Most with severe sepsis/ shock will benefit from early referral to ICU
- The well looking patient with high lactate may be able to go to ward/HDU after resuscitation with a falling lactate
- Hopefully identifies the patient that decompensates at 24-48h on the ward & averts this.

So, What's actually important

- Early recognition
- USE LACTATE
- early abx, source control
- Adequate fluid resus
- Assessment of response to initial therapy, early senior review

Questions ?

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