

Approach to deadly sepsis infections continues to vary

September 12 2014, by David Ellis

Treatment practices for patients hospitalised with the potentially fatal infection known as "sepsis" will continue to vary because of individual differences between hospitals and countries, according to University of Adelaide researchers.

University researchers based in Intensive Care at The Queen Elizabeth Hospital are involved in multiple studies into sepsis and its more severe version, [septic shock](#), in the hopes of better understanding how best to manage the condition.

Sepsis and septic shock can occur when infection spreads to the bloodstream, starving oxygen to vital tissues and organs. Common causes of sepsis include pneumonia and [urinary tract infections](#), but many different infections throughout the body can lead to sepsis.

The [fatality rate](#) among patients hospitalised with sepsis is between 20-50%, with more Australians dying each year than from other leading causes such as breast cancer and road accidents.

Speaking in the lead up to World Sepsis Day (Saturday 13 September), the University's Associate Professor Sandra Peake says that while there are international guidelines for the treatment of sepsis, those guidelines continue to be debated among clinicians and researchers.

"In 2004, international guidelines were introduced for the resuscitation of patients with sepsis, but even now we see variation in practices within

and between countries on treatment approaches," says Associate Professor Peake, who is based in the University of Adelaide's School of Medicine and the Department of Intensive Care Medicine at The Queen Elizabeth Hospital.

Associate Professor Peake and colleagues are currently involved in international research efforts aimed at better understanding the effectiveness of a standardised approach to treatment.

"The debate will continue internationally for some time yet, but in reality the mainstay of treatment for [patients](#) with [sepsis](#) is antibiotics, intravenous fluids, drugs to support the heart and maintain the blood pressure, and surgery, if needed, on an affected area.

"Whether or not there is one specific or uniform resuscitation approach remains to be seen," she says.

Provided by University of Adelaide

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