

Review of global guidelines for sepsis needed

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Experts are calling for a global review of guidelines used to diagnose sepsis, after a study found one in eight patients with infections severe enough to need admission to an Intensive Care Unit in Australia and New Zealand, did not meet current criteria.

Researchers from Monash University and the Australian and New Zealand Intensive Care Society (ANZICS) reviewed data collected on over a million [patients](#) admitted to 172 Intensive Care Units (ICU). Covering a 14-year period, 109,663 patients with infection and organ failure were identified with possible [sepsis](#). However, despite these symptoms, more than 13,000 patients from this group did not meet the classic criteria used to diagnose sepsis.

Lead researcher Dr Maija Kaukonen, from the Department of Epidemiology and Preventive Medicine at Monash University said for many years, doctors around the world have used the same criteria to identify and categorise patients who are critically ill due to sepsis, a bloodstream infection that kills millions of people every year throughout the world.

"To be diagnosed with sepsis, a patient must be thought to have an infection and exhibit at least two of the following criteria: abnormal body temperature or white blood cell count, high heart rate, high respiratory rate or low carbon dioxide level in the blood," she said.

"But our study found that many patients, for example the elderly or those on medications that affect heart rate or the immune system, may not

meet the classic criteria to diagnose sepsis, despite having severe infections and [organ failure](#). If we continue to use these criteria we may miss the opportunity to identify many [critically ill patients](#) with sepsis."

The study published in the *New England Journal of Medicine*, will be presented for the first time to over 6000 experts at the International Symposium on Intensive Care and Emergency Medicine in Brussels this week.

Professor Rinaldo Bellomo, from the Australian and New Zealand Intensive Care Research Centre at Monash University's School of Public Health and Preventive Medicine, who conceived the study, said that whilst the classic definition of sepsis has been widely used throughout the world, he believed that after 20 years, it was time for it to be reviewed.

"There are clear signs from this study, that if we continue to use these criteria, we may fail to identify septic patients and therefore potentially delay their treatment," he said.

Provided by Monash University

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