Su iniziativa di

GIORNATA MONDIALE DELLA SEPSI

Diagnosi e gestione clinica della sepsi

Giovedì, 13 settembre 2018

ore 9.00 – 17.00

Sala Capitolare
Chiostro del Convento di Santa Maria sopra Minerva
Presso il Senato della Repubblica
Piazza della Minerva, 38 - Roma

Con il patrocinio di

Programma definitivo

SEPSIS is a Critical Care Syndrome

Antonino Giarratano
Ordinario Anestesiologia
Direttore Dipartimento Emergenza e Urgenza
AOUP P.Giaccone Palermo
Vice Presidente Nazionale SIAARTI)

SIAARTI

Società Italiana di Anestesia Analgesia Rianimazione e Terapia Intensiva

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World Sepsis Day 2018

Il **13 settembre** si celebra la giornata mondiale per la lotta alla Sepsi e allo shock settico.

La giornata, promossa a livello internazionale dalla Sepsis Global Alliance, è l'occasione per le società scientifiche per promuovere la conoscenza della malattia e delle sue misure preventive, per ribadire la portata del fenomeno che rappresenta un'emergenza sanitaria in costante aumento migliorando così anche la consapevolezza a livello delle istituzioni.

SIAARTI promuove iniziative di formazione e di standardizzazione del percorso ospedaliero del paziente con sepsi per assicurarne una corretta diagnosi/terapia nel più breve tempo possibile in ogni struttura sanitaria del territorio nazionale, tale strategia rappresenta secondo studi internazionali uno dei principali strumenti per ridurre l'elevata mortalità.

Nell'ambito della giornata mondiale della sepsi, **SIAARTI**, attraverso il Gruppo di Studio "**Infezioni e sepsi in terapia intensiva**", propone iniziative su tutto il territorio nazionale di divulgazione e sensibilizzazione della popolazione generale volte ad acquisire consapevolezza: conoscere la sepsi porta a un adeguato e tempestivo trattamento con riduzione di morbilità e mortalità.



L'iniziativa a bordo delle Frecce



I gazebo negli ospedali



La Sepsi Run di Torino

Special Communication | CARING FOR THE CRITICALLY ILL PATIENT

The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)

Mervyn Singer, MD, FRCP; Clifford S. Deutschman, MD, MS; Christopher Warren Seymour, MD, MSc; Manu Shankar-Hari, MSc, MD, FFICM; Djillali Annane, MD, PhD; Michael Bauer, MD; Rinaldo Bellomo, MD; Gordon R. Bernard, MD; Jean-Daniel Chiche, MD, PhD; Craig M. Coopersmith, MD; Richard S. Hotchkiss, MD; Mitchell M. Levy, MD; John C. Marshall, MD; Greg S. Martin, MD, MSc; Steven M. Opal, MD; Gordon D. Rubenfeld, MD, MS; Tom van der Poll, MD, PhD; Jean-Louis Vincent, MD, PhD; Derek C. Angus, MD, MPH

- ***Sepsis***: Life-threatening organ dysfunction caused by dysregulated host response to infection
- ***Septic Shock***: Subset of sepsis with circulatory and cellular/metabolic dysfunction associated with higher risk of mortality

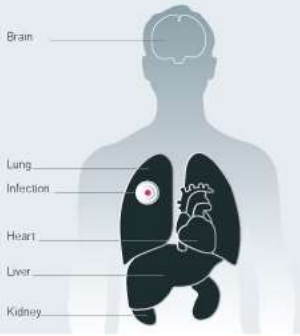
JAMA. 2016;315(8):801-810. doi:10.1001/jama.2016.0287

Sepsis

stop sepsis save lives

arises when the body's response to an infection injures its own tissues and organs. It may lead to shock, multiple organ failure, and death, especially if not recognized early and treated promptly.

Stage 1



From a local infection to a general inflammation

A local infection – e.g. in the lung – overcomes the body's local defense mechanisms. Pathogenic germs and the toxins they produce leave the original site of the infection and enter the circulatory system.

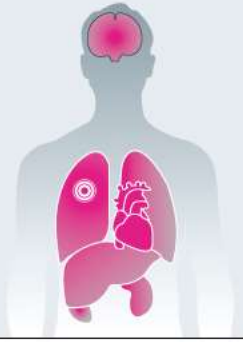
Stage 2



Organ dysfunction

This leads to a general inflammatory response: **SIRS**
(systemic inflammatory response syndrome)
The function of individual organs starts to deteriorate and may completely fail.
Sepsis starts with the onset of at least one new organ dysfunction.

Stage 3



Septic Shock

Several organs stop functioning sequentially or simultaneously, and cardio-circulatory failure leads to a sudden drop in blood pressure. This is called septic shock.

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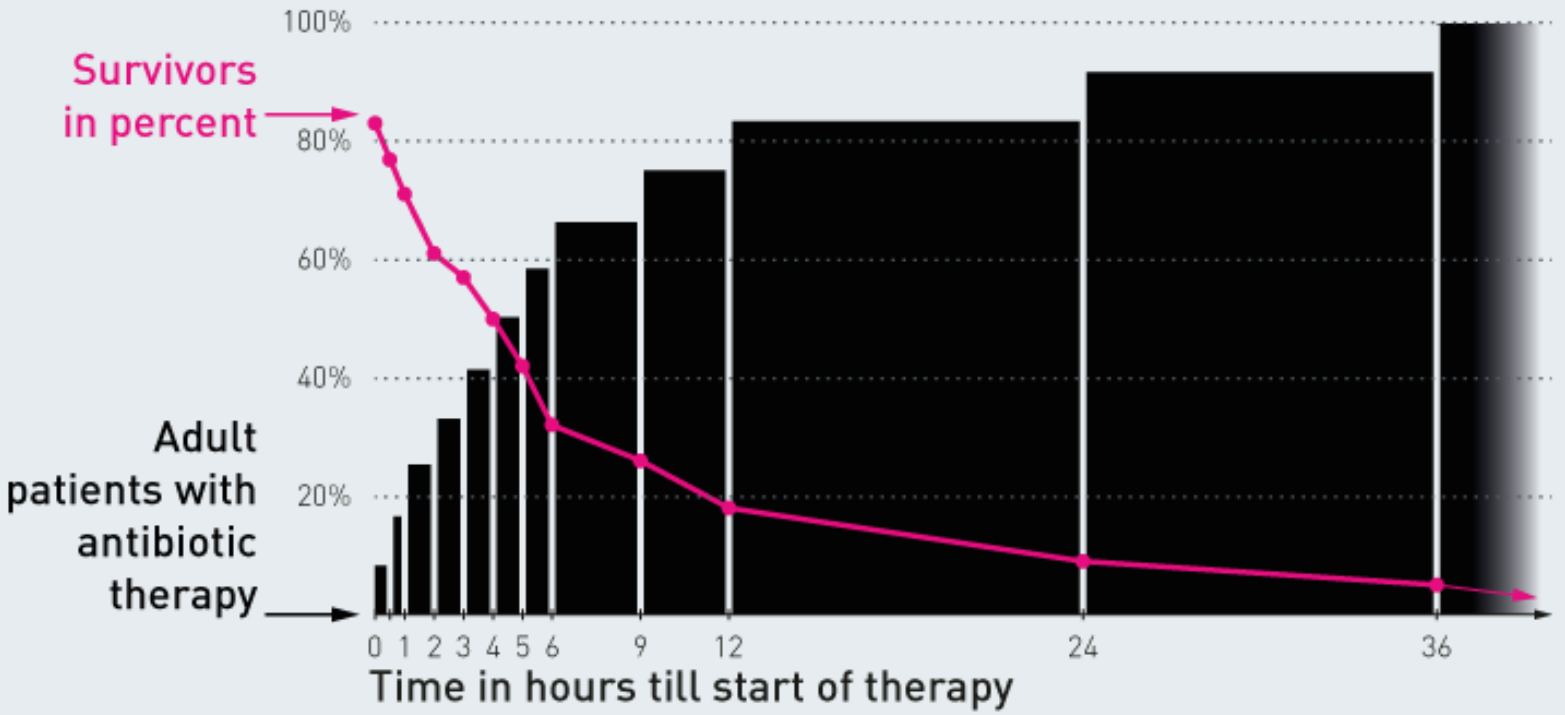
Sepsis

is an emergency[1]

stop sepsis save lives



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1_ Kumar A, Roberts D, Wood KE, et al.: Duration of hypotension before initiation of effective antimicrobial therapy is the critical determinant of survival in human septic shock. Crit Care Med, 34: 1589-1596, 2006.

PROGETTO SEP.SI. (SEpsi SIcilia): SEPSI nella RETE REGIONALE EMERGENZA e URGENZA

PSN 2016

Assessorato Salute Regione Sicilia

Sede Coordinamento A.O.U. Policlinico P. Giaccone Palermo

(Mail: progettosepsisicilia@virgilio.it)


PRONTO SOCCORSO
EMERGENCY
URGENZE
AMBULANZA






MEDICAL WARD

OUTCOME
and
INADEQUATE DIAGNOSTIC/THERAPEUTIC APPROACH IN **ED**

- Late diagnosis

↓

- Late therapeutic intervention

↓

- **Bad outcome**

(70-99 %)

◉ Early clinical diagnosis

↓

◉ Inadequate initial treatment (no bundles)

↓

◉ **Bad outcome**

(55-70 %)

◉ Early clinical diagnosis

↓

◉ Adequate Initial treatment (bundles 1 hour)

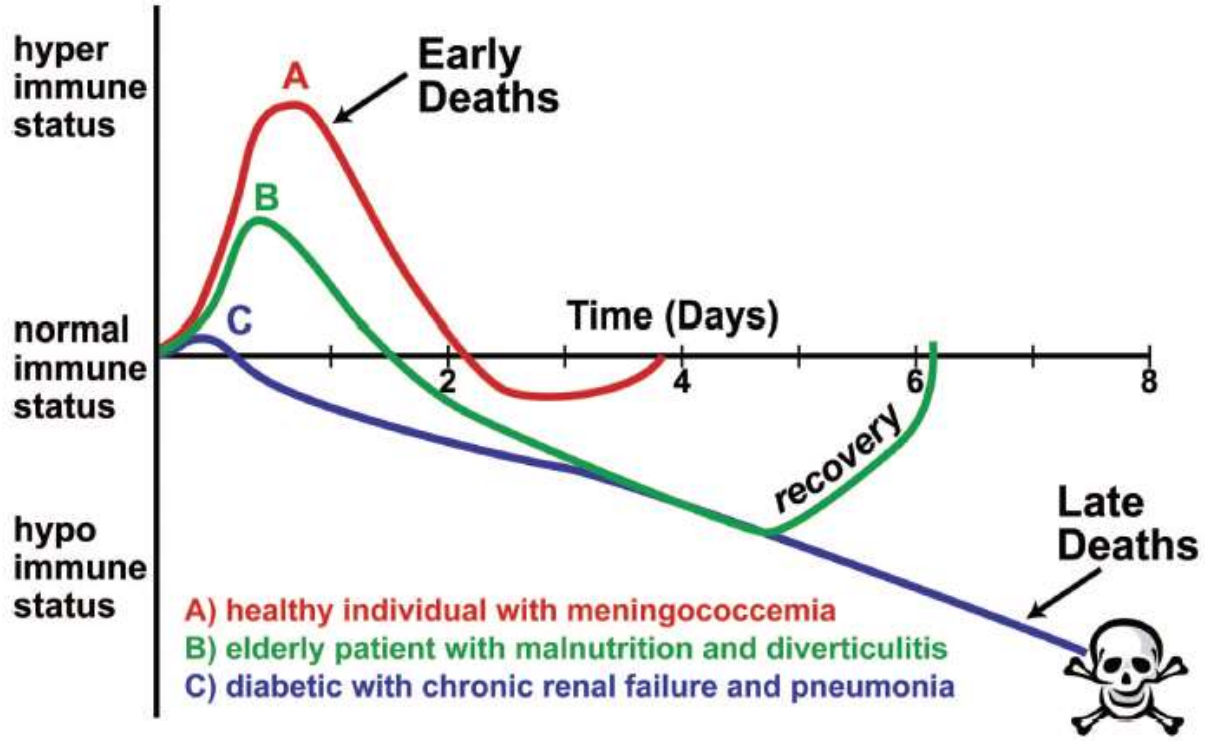
↓

◉ Adequate Empiric and/or Targeted Antibiotic therapy

↓

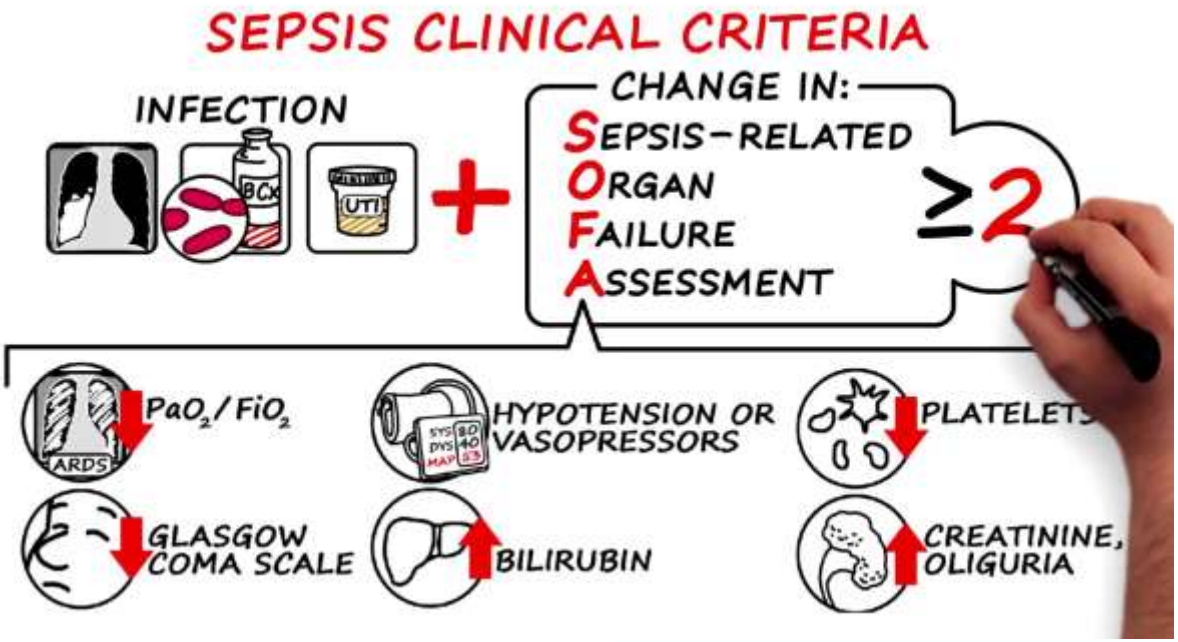
◉ **Bad outcome**

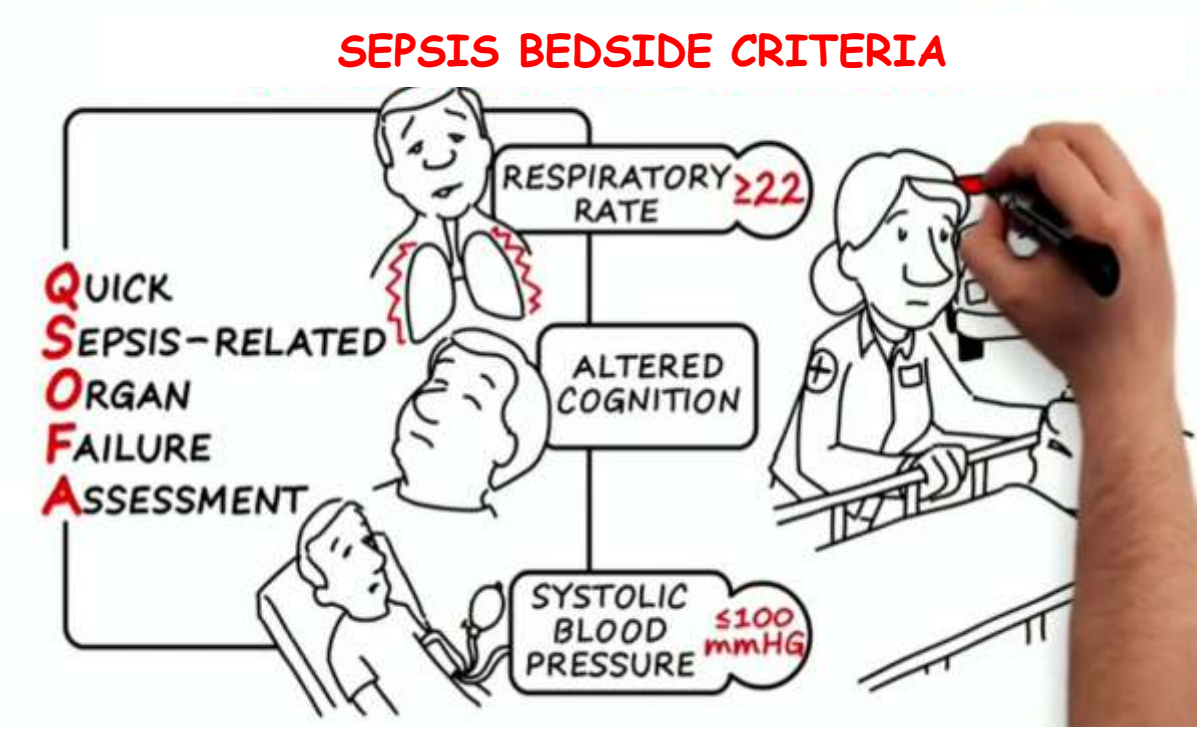
(11-22%)



"Bisogna riconoscere e cominciare a trattare precocemente il paziente settico per massimizzare le probabilità che il suo sistema immunitario faccia bene il suo lavoro…"

Anesthesiology 2011; 115:1349-62


SEPSIS CLINICAL CRITERIA
INFECTION
BCx
UTI
+
CHANGE IN:
SEPSIS-RELATED
ORGAN
FAILURE
ASSESSMENT
≥2
ARDS
PaO2 / FiO2
HYPOTENSION OR VASOPRESSORS
PLATELETS
GLASGOW COMA SCALE
BILIRUBIN
CREATININE, OLIGURIA

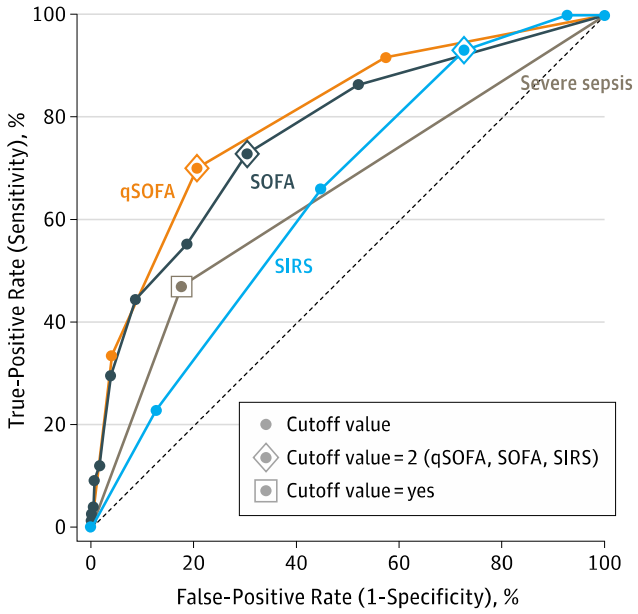

SEPSIS BEDSIDE CRITERIA
QUICK
SEPSIS-RELATED
ORGAN
FAILURE
ASSESSMENT
RESPIRATORY RATE ≥22
ALTERED COGNITION
SYSTOLIC BLOOD PRESSURE ≤100 mmHG

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Prognostic Accuracy of Sepsis-3 Criteria for In-Hospital Mortality Among Patients With Suspected Infection Presenting to the Emergency Department

Yonathan Freund, MD, PhD; Najla Lemachatti, MD; Evguenia Krastinova, MD, PhD; Marie Van Laer, MD;

Figure 2. Receiver Operating Characteristic Curves for In-Hospital Mortality



qSOFA indicates quick Sequential Organ Failure Assessment; SIRS, systemic inflammatory response syndrome; and SOFA, Sequential [Sepsis-related] Organ Failure Assessment. The area under the receiver operating characteristic curves for qSOFA is 0.80 (95% CI, 0.74-0.85); SOFA, 0.77 (95% CI, 0.71-0.82); SIRS, 0.65 (95% CI, 0.59-0.70); and severe sepsis, 0.65 (95% CI, 0.59-0.70).

Classifying sepsis patients in the emergency department using SIRS, qSOFA or MEWS

S.W. van der Woude[1]*, F.F. van Doormaal[2], B.A. Hutten[3], F. J. Nellen[2], F. Holleman[2]

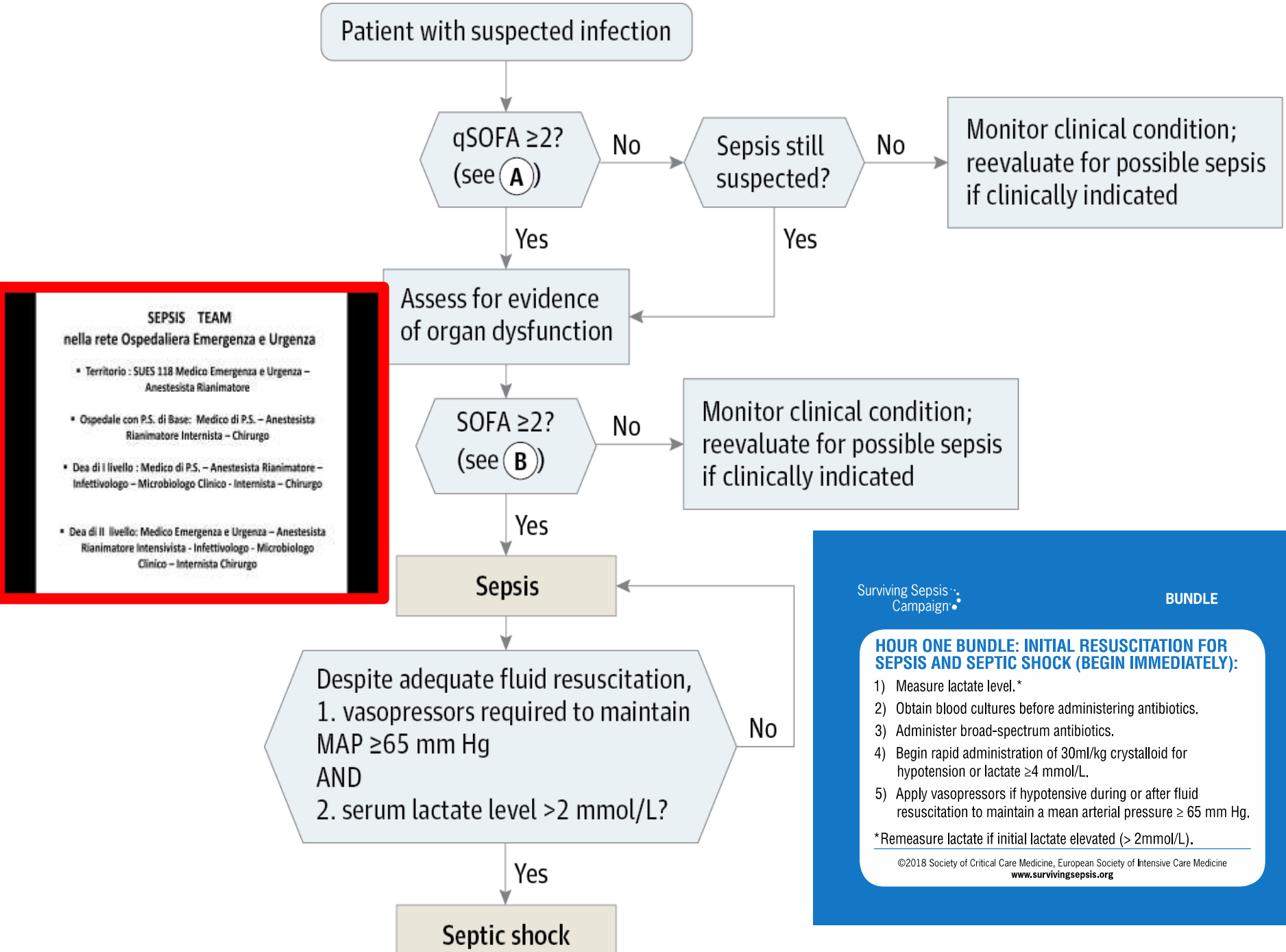
[1]Faculty of Medicine, University of Amsterdam, Amsterdam, the Netherlands, [2]Department of Acute Internal Medicine, Academic Medical Centre Amsterdam, Amsterdam, the Netherlands, [3]Department of Clinical Epidemiology, Biostatistics and Bioinformatics, Academic Medical Center, University of Amsterdam, Amsterdam, the Netherlands, *corresponding author: email: svvanderwoude@rkz.nl

MAY 2018, VOL. 76, NO. 4

Table 6. *Sensitivity and specificity for in-hospital mortality (n = 577)*

	In-hospital mortality (n = 21)	
	Sensitivity	*Specificity*
SIRS ≥ 2	61.9% (38.4-81.9)	56.9% (52.7-61.1)
qSOFA ≥ 2	33.3% (14.6-57.0)	93.7% (91.3-95.6)
SOFA ≥ 2	66.7% (43.0-85.4)	79.8% (76.2-83.1)
qSOFA ≥ 2 + SOFA ≥ 2	28.6% (11.3-52.2)	96.4% (94.5-97.8)
MEWS ≥ 5	23.8% (8.2-47.2)	87.0% (83.9-89.7)
SIRS ≥ 2 + SOFA ≥ 2	42.9% (21.8-66.0)	87.4% (84.3-90.0)

Sensitivity and specificity expressed as percentage with (95% exact Clopper-Pearson confidence intervals). SIRS = Systemic inflammatory response syndrome, qSOFA = (quick) Sequential Organ Failure Assessment, MEWS = Modified Early Warning Score.


Patient with suspected infection
qSOFA ≥2? (see A)
No
Sepsis still suspected?
No
Monitor clinical condition; reevaluate for possible sepsis if clinically indicated
Yes
Yes
Assess for evidence of organ dysfunction
SEPSIS TEAM
nella rete Ospedaliera Emergenza e Urgenza
• Territorio : SUES 118 Medico Emergenza e Urgenza – Anestesista Rianimatore
• Ospedale con P.S. di Base: Medico di P.S. – Anestesista Rianimatore Internista – Chirurgo
• Dea di I livello : Medico di P.S. – Anestesista Rianimatore – Infettivologo – Microbiologo Clinico - Internista – Chirurgo
• Dea di II livello: Medico Emergenza e Urgenza – Anestesista Rianimatore Intensivista - Infettivologo - Microbiologo Clinico – Internista Chirurgo
SOFA ≥2? (see B)
No
Monitor clinical condition; reevaluate for possible sepsis if clinically indicated
Yes
Sepsis
Despite adequate fluid resuscitation,
1. vasopressors required to maintain MAP ≥65 mm Hg
AND
2. serum lactate level >2 mmol/L?
No
Yes
Septic shock
Surviving Sepsis Campaign
BUNDLE
HOUR ONE BUNDLE: INITIAL RESUSCITATION FOR SEPSIS AND SEPTIC SHOCK (BEGIN IMMEDIATELY):
1) Measure lactate level.*
2) Obtain blood cultures before administering antibiotics.
3) Administer broad-spectrum antibiotics.
4) Begin rapid administration of 30ml/kg crystalloid for hypotension or lactate ≥4 mmol/L.
5) Apply vasopressors if hypotensive during or after fluid resuscitation to maintain a mean arterial pressure ≥ 65 mm Hg.
*Remeasure lactate if initial lactate elevated (> 2mmol/L).
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www.survivingsepsis.org

SEPSIS TEAM
nella rete Ospedaliera Emergenza e Urgenza
ex D.M. 70/2015

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- **Dea di II livello: Medico Emergenza e Urgenza – Anestesista Rianimatore Intensivista - Infettivologo - Microbiologo Clinico – Internista – Chirurgo - Farmacologo clinico**

Personalized Medicine in for Sepsis!



