

Core Conference: Sepsis Update

List of the Strong Recommendations based on Moderate/High Quality Evidence in SSC Guidelines 2016	
Antibiotics	Antibiotics ASAP and within 1 hour for sepsis and septic shock
	Empiric broad-spectrum antimicrobials to cover all likely pathogens
	AGAINST routine combination therapy (i.e. 2 GNR agents) in neutropenic sepsis/bacteremia
Volume Expansion	Crystalloids as resuscitation fluid of choice (rather than colloids)
	AGAINST use of hydroxyethyl starches
	Use transfusion threshold of Hgb <7.0 in absence of AMI, severe hypoxemia, hemorrhage
	AGAINST use of EPO for anemia
	AGAINST use of AT-III
Vasopressors	Target MAP>65 with vasopressors if needed
	Norepinephrine as vasopressor of choice
	AGAINST low dose dopamine for renal protection
Mechanical Ventilation and Sepsis-induced ARDS	Lung protective ventilation: Vt 6cc/kg, Pplat <30
	Prone positioning for P:F<150
	AGAINST high-frequency oscillatory ventilation
	Conservative fluid management in absence of tissue hypoperfusion
	AGAINST B-agonists in absence of bronchospasm
	AGAINST routine use of PA catheters
	Use a weaning protocol including daily SBTs
Glucose Control	Protocol with target <=180
DVT PPX	Use something, and LMWH>UFH unless contraindicated
Nutrition	AGAINST early TPN where enteral feeding possible or before 7 days
	AGAINST IV selenium or glutamine
Goals of Care	Incorporate goals of care into treatment and end-of-life care planning, utilizing palliative care principles where appropriate

Beyond the Guidelines

Diagnosis

-What's in a name?: Sepsis-3 vs. "good old SIRS"; what do we do without a gold standard?

Treatment

-Protocolized sepsis resuscitation:

-The trials: PROCESS, PROMISE, ARISE: "failure" of the bundle or improvement in usual care?

-The meta-analysis: PRISM: protocolized care increased costs without improving outcomes

-Real-world impact of care protocols: Rory's Regulations in NY State: antibiotics help, but what about fluids?

-The Federal Government enters the fray: The SEP-1 Bundle

-How much fluid should I give?: Enough but not too much!

-The Magic Bullet?: Hydrocortisone/VitaminC/Thiamine

Epidemiology

-Long-term outcomes: among previously independent patients with severe sepsis, 1/3 die; of the survivors, 1/3 are not independent at 6 months

-Major driver of readmissions