Sepsis Insights from Wolters Kluwer

Key Resources to Access

Wolters Kluwer expert solutions are built for clinicians by clinicians. This newsletter shares the past month’s most important industry news and clinical information curated and developed by our clinical experts.

News & Research

COVID patients may develop septic shock as reported in two separate studies in The Lancet last month, but their presentation differs from other sources of sepsis. When COVID progresses to a life-threatening illness, respiratory failure usually precedes diffuse organ dysfunction. Specific guidance on COVID sepsis treatment was released by the SSC: Guidelines on the Management of Critically Ill Adults with Coronavirus Disease 2019.

Key differences compared to standard sepsis guidelines include:

- For acute resuscitation of adults with COVID-19 and shock, there is a weak recommendation to use a conservative over a liberal fluid strategy.
- In adults with COVID-19 and shock, there is a weak recommendation to use serum lactate measurement (with other assessments) to assess responsiveness; there is no recommendation to use lactate measurement for initial evaluation of organ dysfunction. One study in the Journal of Infection found that serum lactate was NOT associated with ICU admission.
- In ventilated patients with COVID-19, there is a weak suggestion to use empiric antimicrobials. There is no recommendation to initiate antimicrobials earlier in the course of sepsis, i.e., within the first 3 hours of symptoms of organ dysfunction. Because of these differences, COVID patients with septic shock may need to be exempt from the CMS-SEP1 metric.

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Association of a care bundle for early sepsis management with mortality among patients with hospital-onset or community-onset sepsis. The article suggests complete compliance with CMS SEP-1 bundles is not associated with improved sepsis outcomes. However, some components of the 3-hour bundle were associated with improvement in the ED, suggesting that early recognition and capacity to deliver early treatment is correlated with outcomes. For inpatients, the only component associated with improved outcomes was prompt administration of antibiotics, via JAMA, April 2020.

1, 2 https://doi.org/10.1016/S2213-2600(20)30079-5 and https://doi.org/10.1016/j.jid.2019.10.056-3

Wolters Kluwer’s Expert Solutions—Built for Clinicians by Clinicians

COVID-19 Patients with Sepsis Require Different Management: What You Need to Know

Hospitalized COVID-19 patients present with symptoms of sepsis, therefore many clinicians are quick to treat them the same as other sepsis patients. But COVID-19 patients differ from most other sepsis patients—they tend to die from respiratory failure, not shock. Because of this, the new guidance is to prioritize respiratory care.
typical sepsis protocols and tracking sepsis bundles for COVID-19 patients must be managed differently.

ACCESS THIS ON-DEMAND WEBINAR

[BLOG] Applying AI in Healthcare to Improve Sepsis Detection AI is the Driving Force Behind Early and Accurate Detection of Sepsis

Clinical teams need sepsis alerts they can trust. Sophisticated clinical surveillance using natural language processing (NLP) of clinical notes in addition to hundreds of other data points is a key way to ensure alerts trigger for only patients who truly have sepsis.

[READ MORE]

[BLOG] Why our EHR is Not Enough to Improve Sepsis Outcomes

A highly complex condition to diagnose and treat, sepsis is a prime target for technological intervention beyond the EHR. However, as is true in most forms of health IT, not all solutions are equal.

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