

Grand Rounds: November 13th 2019, Take home points. R. Stenstrom MD, PhD



Sepsis review:

1. Sepsis morbidity and mortality remain high; Incidence is increasing.
2. The Sepsis 3 (2016) definition of sepsis based on qSOFA (> 1 of resp rate > 22, change in mental status, systolic BP < 100 mmHg) has poor sensitivity compared to ≥ 2 SIRS criteria + infection. Therefore, qSOFA SHOULD NOT be used a screening tool in the ED.
3. Patients on metformin can have an elevated lactate. Metformin, in and of itself DOES NOT cause lactic acidosis, so look for another cause (like sepsis, renal failure, etc).
4. Patients with alcohol on board can have an elevated lactate and be a little acidotic. But beware chalking ot to ETOH – we have several cases where treatment was delayed in intoxicated patients.
5. Blood cultures and antibiotics rapidly in sick spetic patients (spetic shock or lactate > 4.0)
6. Blood cultures are not benign – they are costly and only positive in the ED 10% of the time. Of those positive, up to half may be false positive, which incurs increased costs, hospital stay, and unnecessary antibiotics/procedures.
7. In septic patients who are not in shock, not immunocompromised, and no endocarditis risk factors (injection drug use), our research shows that you can obtain a CRP with regular blood work – if it is < 20 mg/L, blood cultures ARE NOT necessary.