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Sepsis

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Sepsis is one of the most difficult and challenging conditions to manage in our ICUs, as it can develop in many different situations and its' course varies widely from patient to patient.

As the incidence of sepsis increases, so too does our resolve to find effective treatments for what has rapidly become one of the most deadly conditions faced by ICU patients. It is now widely accepted amongst intensive care professionals in the field that early diagnosis and appropriate treatment are key aspects of effective management in this complex syndrome. However, the management of sepsis patients involves a variety of therapeutic interventions. Once a patient is diagnosed, prompt antibiotic therapy is needed to eliminate the underlying infection, and haemodynamic stabilisation must be achieved. Organ support and other interventions may also be required, dependant on the patient's condition.

In order to improve the diagnosis, management and outcome of patients with sepsis, the Surviving Sepsis Campaign (SSC) was created by the ESICM (European Society of Intensive Care Medicine), the ISF (International Sepsis Forum) and the SCCM (Society of Critical Care Medicine). The aim of the SSC was to set out clearer clinical definitions and standards of care to assist in the timely diagnosis and effective management of patients and, ultimately, to save lives.

In this issue, Dr. Dellinger and Christa Schorr outline the importance of improving performance within the critical first six-hours of severe sepsis, while Dr. Townsend updates us on changes to the treatment guidelines recently released by the SSC. Dr. Pugin discusses the management care bundles derived from the SSC guidelines and delves deeper into the challenges associated with choosing the right treatment for the right patient at the right time. In his contribution on this timely subject, Dr. Niederman questions the value of implementing the care bundle recommendations in their current form, arguing that there are a number of important elements that have been omitted.

Our Matrix features part two of Karen Pickett's comprehensive overview of the current controversies in ventilator-associated pneumonia, this time focussing on diagnosis and antimicrobial management of VAP; while Dr. Nulens of Belgium collaborates with his Dutch colleagues on an interesting article on the cost effectiveness of crossborder MRSA management.

Dr. Zugck and colleagues discuss the use of telemonitoring to improve cost effectiveness in patients with chronic heart failure; and, despite the current push for a more paper-free clinical existence, in our Views section, Dr. Alansari returns to **ICU Management** along with Dr. Maghrabi to argue that paper (in the form of a Daily Goal Sheet) can be the organisational key to well-managed quality care for our patients.

In **ICU Management**, we find ourselves in the sometimes enviable, always complex and inevitably changeable "driver's seat" of our units. It is our job to set standards of care, initiate training, monitor results and re-evaluate our progress, all the while remaining mindful of the bottom line. In battling sepsis, one of the deadliest threats to our patients in the ICU, we need to employ these same mandates. By raising awareness of sepsis, encouraging timely diagnosis and appropriate treatment, providing ongoing education into the complexities of sepsis and its management, and continually evaluating therapeutic strategies and patient outcomes, we can surely lessen— if not completely eradicate this serious, and often fatal condition.

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