



Surviving Sepsis Guidelines 2016 Update

Surviving Sepsis Campaign

The [Surviving Sepsis Campaign](#), an initiative of the Society of Critical Care Medicine, the European Society of Intensive Care Medicine and the International Sepsis Forum, has released the 2016 Surviving Sepsis Campaign (SSC) guidelines for the management of severe sepsis and septic shock. The document, published simultaneously in *Critical Care Medicine* and *Intensive Care Medicine*, is an update to the 2012 SSC guidelines.

See Also: [1 in 7 Sepsis Patients Readmitted within 30 Days](#)

The guidelines are intended for clinicians caring for adult patients with sepsis or septic shock. The recommendations in the document cannot replace the clinician's decision-making capability when presented with a patient's unique set of clinical variables, according to the international consensus committee, composed of 55 international experts representing 25 international organisations involved in the care of patients with sepsis.

Unlike most clinical guidelines that contain a "what to do" list, the updated SSC guidelines also include many recommendations that are negative or "what not to do". Committee member, Prof. Jean-Louis Vincent, MD, PhD, FCCM, of Erasme University Hospital Brussels, explained to *ICU Management & Practice* why this is so.

"Management guidelines need to be regularly updated and this update is eagerly awaited. However, our committee wanted to strictly limit recommendations to what is well established in the literature (so called evidence-based) and virtually all our clinical trials in the field have been negative or have shown harm rather than benefit. Hence it is not surprising that most recommendations are negative, i.e., indicating what we should not do rather than what we should do. Guidelines are helpful to guide those who do not follow the literature and this updated version will be welcomed by non-experts.

Fellow committee member, Prof. Flavia Machado, of the Latin America Sepsis Institute, told *ICU Management & Practice*: The Surviving Sepsis Guidelines 2016 bring new perspectives on sepsis treatment. The recommendations are all based on the best available evidence, also taking into account not only the balance between costs and benefits but also the feasibility and the economic impact. This is of major relevance for the low and middle-income countries where resources are limited and need to be carefully directed to those who could really benefit from them.

Sepsis is a life-threatening organ dysfunction caused by a dysregulated host response to infection. Sepsis and septic shock are major healthcare problems, affecting millions of people around the world each year, and killing as many as one in four and often more. Early identification and appropriate management in the initial hours after

sepsis develops improves outcomes.

The committee says these guidelines are appropriate for the sepsis patient in a hospital setting. These guidelines are intended to be best practice (the committee considers this a goal for clinical practice) and not created to represent standard of care.

In a Viewpoint article published in JAMA, Daniel De Backer, MD, Department of Intensive Care, CHIREC Hospitals in Belgium, and Todd Dorman, MD, PhD, Department of Anaesthesiology and Critical Care Medicine, Johns Hopkins University School of Medicine, Baltimore, USA, discuss the numerous major advances in the revision of the surviving sepsis guidelines. Among the various topics covered in the document, the authors note that initial resuscitation and antibiotic therapy are the domains in which the most important changes and advances were made. JAMA has also published a synopsis of the guidelines that is free to access (Howell and Davis 2017).

The fact that the 2016 iteration of the SSC guidelines does not include recommendations for the care of paediatric patients with sepsis is also discussed in the JAMA article. "The specific aspects involved in treatment of paediatric patients could not be covered in a few paragraphs in the adult guidelines, and the evolving evidence justified the development of the SSC Paediatric Guideline. Thus, a new guideline development committee specifically designed to develop paediatric guidelines has been established as part of the SSC. The paediatric committee will include paediatric intensivists and other experts in paediatrics involved in the care of children with sepsis, and publication of these guidelines is expected to occur in approximately two years," the authors write.

Sources: [Critical Care Medicine](#); [JAMA](#)

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