SIRS mı? SOFA mı?

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Sağlık Bilimleri Üniversitesi Haseki Eğitim ve Araştırma Hastanesi Acil Tıp Kliniği

TANIM

SKORLAMALAR

GÜNCEL ÇALIŞMALAR

SONUÇ

SEPSİS TANIMI 1991

SIRS

Yaygın (sistemik) İnflamatuar Cevap

2 veya daha fazlası

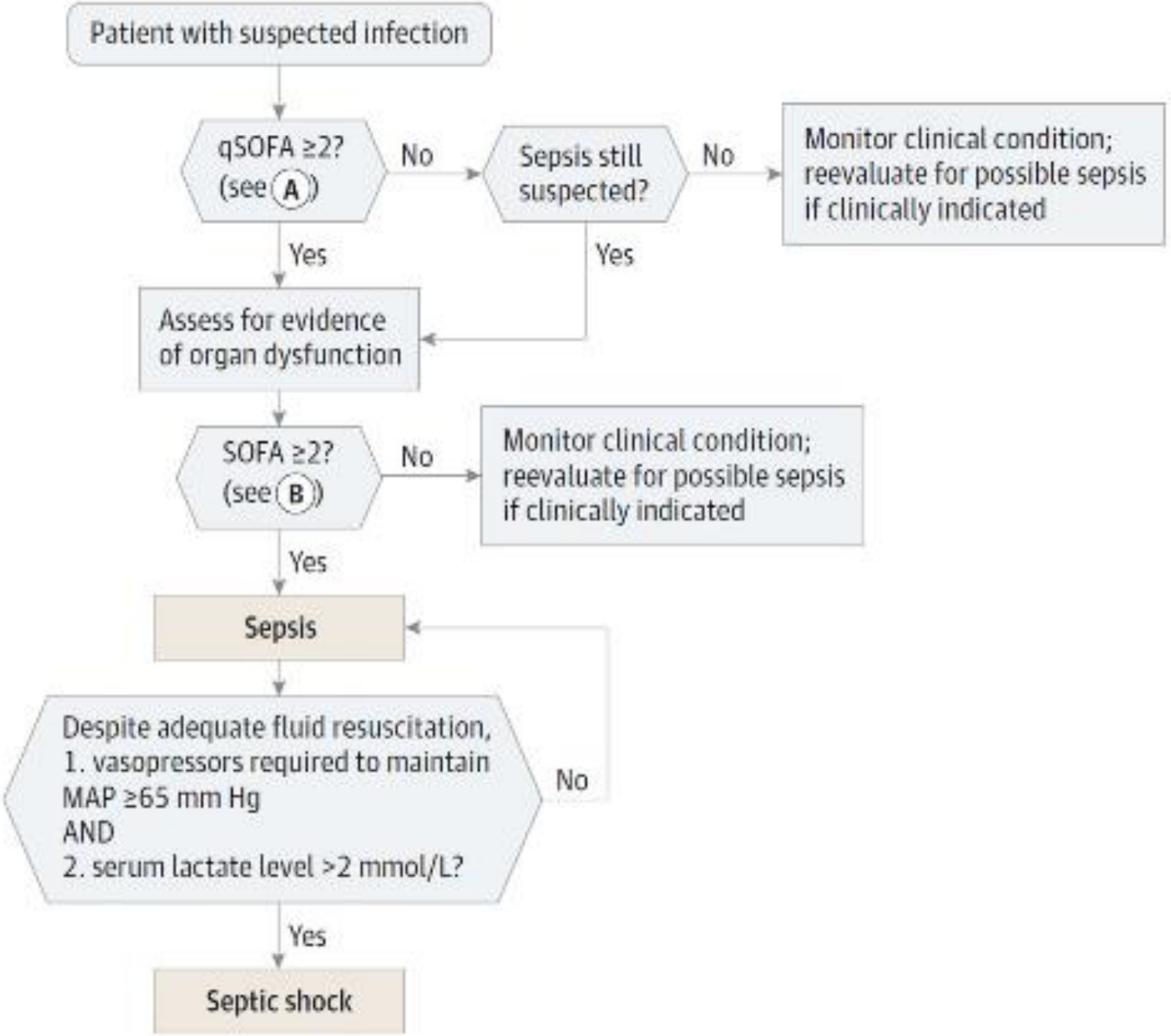
- Ateş >38°C <36°C
- Kalp hızı > 90 dk
- Taşipne DSS >20 veya Hiperventilasyon PCO_2<32 mmHg
- WBC > 14000 < 4000 %10 immatür lökosit

SEPSİS: SIRS + **Kanıtlanmış Enfeksiyon Kaynağı**

The ACCP/SCCM Consensus conference committee.
Definition of sepsis and organ failure and guidelines for the use of innovative therapies in sepsis.
CHEST 1992

SEPSİS TANIMI 2016

“ Konağın infeksiyona karşı düzensiz yanıtına bağlı organ disfonksiyonu ”


Patient with suspected infection
qSOFA ≥2? (see A)
No
Sepsis still suspected?
No
Monitor clinical condition; reevaluate for possible sepsis if clinically indicated
Yes
Yes
Assess for evidence of organ dysfunction
SOFA ≥2? (see B)
No
Monitor clinical condition; reevaluate for possible sepsis if clinically indicated
Yes
Sepsis
Despite adequate fluid resuscitation,
1. vasopressors required to maintain MAP ≥65 mm Hg
AND
2. serum lactate level >2 mmol/L?
No
Yes
Septic shock

SOFA skoru	0	1	2	3	4
Solunum PaO_2/FiO_2	>400	≤400	≤300	≤200	≤100
Koagulasyon Trombosit $10^3/mm^3$	>150	≤150	≤100	≤50	≤20
Karaciğer Billurubin mg/dl Billurubin mol/l	 <1.2 <20	 1.2-1.9 20-32	 2.0-5.9 33-101	 6.0-11.9 102-204	 >12 >204
Kardiovasküler Hipotansiyon	Yok	MAP<70	Dopa≤5 Dobu	Dopa>5 Epi≤0.1 Nor≤0.1	Dopa>15 Epi>0.1 Nor>0.1
Merkezi sinir sistemi Glasgow koma skoru	15	13-14	10-12	6-9	<6
Renal Kreatinin (mg/dl) Kreatinin (µmol/l) İdrar çıkışı (ml/gün)	 <1.2 <110	 1.2-1.9 110-170	 2.0-3.4 171-299	 3.5-4.9 300-440 <500	 >5.0 >440 <200

QSOFA	
Hipotansiyon ≤100 mmHg	1 Puan
Bilinç Bozukluğu GKS≤ 13	1 Puan
Takipne≥ 22 /dk	1 Puan

Intensive Care Med (1996) 22:707–710

MEETING REPORT

J.-L. Vincent
R. Moreno
J. Takala
S. Willatts
A. De Mendonça
H. Bruining
C.K. Reinhart
P.M. Suter
L.G. Thijs

The SOFA (Sepsis-related Organ Failure Assessment) score to describe organ dysfunction/failure

On behalf of the Working Group on Sepsis-Related Problems of the European Society of Intensive Care Medicine (see contributors to the project in the appendix)

NCBI Resources How To

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US National Library of Medicine
National Institutes of Health

PubMed

Advanced

Format: Abstract

Crit Care Med. 1997 Feb;25(2):372-4.

Dear SIRS, I'm sorry to say that I don't like you...

Vincent JL[1].

Author information

PMID: 9034279

[Indexed for MEDLINE]

MeSH terms

LinkOut - more resources

Published in final edited form as:

JAMA. 2016 February 23; 315(8): 801–810. doi:10.1001/jama.2016.0287.

The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)

Mervyn Singer, MD, FRCP, Clifford S. Deutschman, MD, MS, Christopher Warren Seymour, MD, MSc, Manu Shankar-Hari, MSc, MD, FFICM, Djillali Annane, MD, PhD, Michael Bauer, MD, Rinaldo Bellomo, MD, Gordon R. Bernard, MD, Jean-Daniel Chiche, MD, PhD, Craig M. Coopersmith, MD, Richard S. Hotchkiss, MD, Mitchell M. Levy, MD, John C. Marshall, MD, Greg S. Martin, MD, MSc, Steven M. Opal, MD, Gordon D. Rubenfeld, MD, MS, Tom van der Poll, MD, PhD, Jean-Louis Vincent, MD, PhD, and **Derek C. Angus, MD, MPH**

Research

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Prognostic Accuracy of the SOFA Score, SIRS Criteria, and qSOFA Score for In-Hospital Mortality Among Adults With Suspected Infection Admitted to the Intensive Care Unit

Eamon P. Raith, MBBS, MACCP; Andrew A. Udy, MBChB, PhD, FCICM; Michael Bailey, PhD; Steven McGloughlin, BMed FRACP, FCICM, MPHTM; Christopher MacIsaac, MBBS, PhD, FRACP, FCICM; Rinaldo Bellomo, MD, FRACP, FCICM, FAHMS; David V. Pilcher, MBBS, FRACP, FCICM; for the Australian and New Zealand Intensive Care Society (ANZICS) Centre for Outcomes and Resource Evaluation (CORE)

Şüpheli enfeksiyon nedeni ile yoğun bakım alınan hastaların ,
SOFA skoru 2 ve üzeri olanlarda hastane içi mortalitenin prognostik değeri qSOFA ve SIRS kriterlerinden daha fazladır.
Bu durumda qSOFA ve SIRS'ın yoğun bakımlarda hastane içi mortalitede kullanımı sınırlıdır.

Research

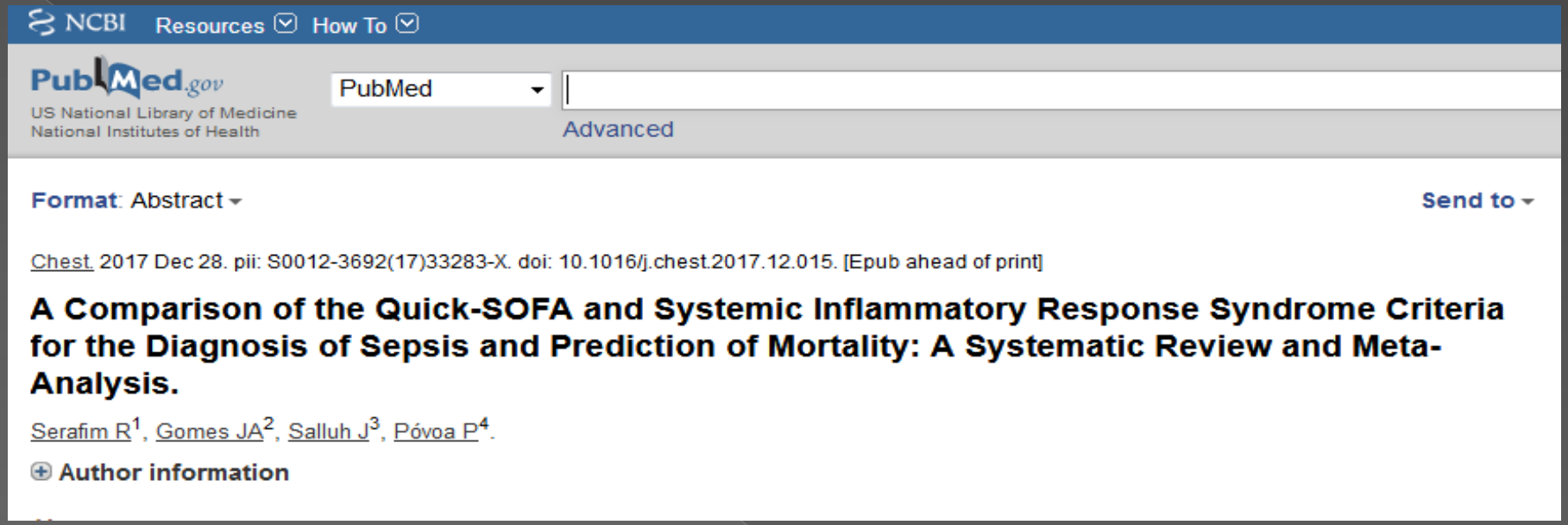
JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Prognostic Accuracy of Sepsis-3 Criteria for In-Hospital Mortality Among Patients With Suspected Infection Presenting to the Emergency Department

Yonathan Freund, MD, PhD; Najla Lemachatti, MD; Evguenia Krastinova, MD, PhD; Marie Van Laer, MD; Yann-Erick Claessens, MD, PhD; Aurélie Avondo, MD; Céline Occelli, MD; Anne-Laure Feral-Pierssens, MD; Jennifer Truchot, MD; Mar Ortega, MD; Bruno Carneiro, MD; Julie Pernet, MD; Pierre-Géraud Claret, MD, PhD; Fabrice Dami, MD; Ben Bloom, MD; Bruno Riou, MD, PhD; Sébastien Beaune, MD, PhD; for the French Society of Emergency Medicine Collaborators Group

Şüpheli enfeksiyon nedeni ile acil servise başvuranlarda,

hastane içi mortalitenin belirlenmesinde, qSOFA'nın prognostik değerinin SIRS ya da ağır sepsisden daha fazla olduğu görüldü.



Sepsis tanısında SIRS, qSOFA'dan daha hassas ve önemli ölçüde üstündür.

qSOFA, hastane içi mortalitenin belirlenmesinde SIRS'dan daha iyidir.

Sonuç olarak, septik hastalar için klinisyenlere karar verici olarak, gelecek çalışmalarda daha homojen metodlarla prospektif değerlendirmeye odaklanmalıdır.

CHEST Annual Meeting 2017

TORONTO CANADA
October 28 - November 1

Critical Care

SESSION TITLE: Sepsis & Septic Shock
SESSION TYPE: Original Investigation Slide
PRESENTED ON: Sunday, October 29, 2017 at 01:30 PM - 03:00 PM

Sensitivity and Specificity of SIRS, qSOFA and Severe Sepsis for Mortality of Patients Presenting to the Emergency Department With Suspected Infection

Kelly Lembke* Sanjay Parashar and Steven Simpson University of Kansas, Kansas City, KS

Enfeksiyon ve SIRS mortalite tahmini konusunda daha sensitivdir, ancak spesifitesi düşüktür. Buna rağmen enfeksiyon + qSOFA ‘nın spesifitesi yüksek ve sensitivitesi düşüktür. Hastane mortalite tahmininde ağır sepsis tanımı hem qSOFA hem de SIRS e göre daha duyarlıdır.

BRAZ J INFECT DIS 2017;21(6):665–669

The Brazilian Journal of
INFECTIOUS DISEASES

www.elsevier.com/locate/bjid

Brief communication

Does SOFA predict outcomes better than SIRS in Brazilian ICU patients with suspected infection? A retrospective cohort study

Regis Goulart Rosa[a,*], *Rafael Barberena Moraes*[b], *Thiago Costa Lisboa*[b], *Daniel Pretto Schunemann*[c], *Cassiano Teixeira*[a]

[a] *Hospital Moinhos de Vento, Departamento de Cuidados Intensivos, Porto Alegre, RS, Brazil*
[b] *Hospital de Clínicas de Porto Alegre, Departamento de Cuidados Intensivos, Porto Alegre, RS, Brazil*
[c] *Hospital Moinhos de Vento, Departamento de Medicina Interna, Porto Alegre, RS, Brazil*

SOFA ve qSOFA hastanede yatış süresini ve mortaliteyi öngörmede SIRS'tan daha yetkin olmasına rağmen ;SIRS sepsis tanısı koymakta SOFA ve qSOFA'ya göre daha duyarlıdır.

SONUÇ:

Vincent *et al. Critical Care* (2016) 20:210
DOI 10.1186/s13054-016-1389-z

Critical Care

COMMENTARY Open Access

qSOFA does not replace SIRS in the definition of sepsis

Jean-Louis Vincent[1*], Greg S. Martin[2] and Mitchell M. Levy[3]

The recently published consensus definitions for sepsis [1] have raised a lot of discussion and controversy. We had the privilege of being part of this consensus group and fully support the final definitions. We are pleased that a definition has been developed that closely reflects everyday clinical language, recognizing that sepsis is most simply described as a "bad infection" associated with some degree of organ dysfunction, as proposed earlier [2]. The article conveying the consensus defi-

We all agree on the fundamental importance of identifying sepsis early and of applying effective and complete treatment to minimize complications. However, the SIRS criteria were too sensitive and not sufficiently specific for this purpose. Rangel-Frausto et al. [7] reported that 68 % of patients admitted to three intensive care units (ICUs) and three general wards met the SIRS criteria; in 198 ICUs in 24 European countries, Sprung et al. [8] reported that 93 % of ICU patients had at least two SIRS