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Updated Adult Sepsis Guidelines Emphasize Treatment of Long-Term Consequences of Illness

The Surviving Sepsis Campaign guidelines address the challenges of lower-income countries and treating patients after discharge from the hospital.

AT A GLANCE

- Updated adult sepsis guidelines represent input from a diverse panel of 60 experts and a survey of more than 800 intensivists from more than 30 countries.
- Sepsis and septic shock impact millions of people around the world, with a higher burden on lower-income countries.
- Sepsis is an extreme and potentially deadly response to infection, including COVID-19, pneumonia, and flu.
- The guidelines recommend involving patients and their families in goals-of-care discussions to treat long-term effects of sepsis.

MOUNT PROSPECT, Ill – [Oct. 4, 2021] —Sepsis is a medical emergency that impacts millions of people around the world—killing as many as one in three each year—and places a higher burden on lower-income countries. Updated global adult sepsis guidelines, released today by the Surviving Sepsis Campaign (SSC), represent greater geographic and gender diversity than previous versions and place an increased emphasis on improving the care of sepsis patients after they are discharged from the intensive care unit (ICU).

Sepsis is the body's extreme and potentially deadly response to infection, such as pneumonia, flu, or an infected wound. Patients who are seriously ill with COVID-19 are particularly vulnerable to sepsis.

The evidence-based guidelines, published in *Critical Care Medicine* and *Intensive Care Medicine*, reflect best practices and recommendations for the treatment of sepsis and septic shock in adults and are revised regularly to account for new research.

The SSC is a joint initiative of the Society of Critical Care Medicine (SCCM) and the European Society of Intensive Care Medicine (ESICM), which are committed to reducing death and disability from sepsis and septic shock worldwide.

The updated version of the guidelines, presented today during the ESICM LIVES virtual conference, includes input from a diverse panel of 60 experts and a survey of more than 800 intensivists from more than 30 countries. The workgroup that developed the guidelines was significantly more diverse than previous workgroups, with more women, better representation from low-income countries, and more patient and family representatives. Additionally,

healthcare professionals from around the world were surveyed to help the workgroup better understand and address practice variations in resource-poor areas.

“A more diverse panel of experts helps to minimize bias and ensure that the recommendations are more inclusive,” said Professor Andrew Rhodes, FRCP, FRCA, FFICM, guidelines cochair. “While much of the evidence we have on best practices to treat sepsis comes from higher-income countries, the burden of sepsis is predominantly in lower-income countries. The guidelines address resource challenges unique to lower-income countries, such as access to some medications.”

Challenges to treating patients experiencing the long-term effects of sepsis are also addressed in the guidelines. Patients often have lengthy ICU stays and then face a long and complicated road to recovery. In addition to physical rehabilitation challenges, patients and their families often are uncertain how to coordinate care that promotes recovery and matches their goals of care.

To address these issues, the guidelines recommend involving patients and their families in goals-of-care discussions and hospital discharge plans, which should include early and ongoing follow-up with clinicians to support and manage long-term effects and assessment of physical, cognitive, and emotional issues after discharge.

“Treatment for sepsis goes beyond in-hospital care,” said Laura E. Evans, MD, MSc, FCCM, SSC adult guidelines cochair. “Many sepsis survivors experience short- and long-term consequences such as cognitive or physical disability. Ongoing recovery can take months or years. It’s essential to develop a plan to address these long-term consequences when a patient is discharged.”

Early identification remains crucial to effective sepsis treatment. A new recommendation in the guidelines is to use a performance improvement program, including a screening tool such as the Systemic Inflammatory Response Syndrome (SIRS), National Early Warning Score (NEWS) or Modified Early Warning Score (MEWS), rather than the Quick Sequential Organ Failure Assessment (qSOFA).

“The guidelines emphasize that having a systematic applied screening process is essential to recognizing patients with sepsis early,” said Waleed Alhazzani, MD, MSc, FRCP, adult guidelines methodology chair. “If you don’t look for it, you might miss sepsis, but the clock is ticking and time matters, so patients should constantly be reevaluated for where they are and what they need next.”

Long-term treatment recommendations include:

- Discussing goals of care and prognosis with patients and families
- Integrating principles of palliative care (which may include palliative care consultation based on clinician judgement) into the treatment plan, when appropriate, to address patient and family symptoms and suffering
- Referral to peer support groups for patients and their families
- Screening for economic and social support (including housing, nutritional, financial, and spiritual support), and referrals where available to meet these needs
- Written and verbal sepsis education (diagnosis, treatment, and post-ICU/post-sepsis syndrome) before hospital discharge and in the follow-up setting
- Opportunity for the patient and family to participate in shared decision-making in post-ICU and hospital discharge planning to ensure that discharge plans are acceptable and feasible

Other guidelines recommendations include:

- Screening and early treatment of sepsis remain critical. The guidelines recommend using a performance improvement program for sepsis, including sepsis screening for acutely ill, high-risk patients and standard operating procedures for treatment.
- The guidelines suggest against using IV vitamin C for adults with sepsis or septic shock.
- The guidelines suggest starting vasopressors peripherally to restore mean arterial pressure rather than delaying initiation until central venous access is secured.
- For adults with sepsis-induced severe acute respiratory distress syndrome, the guidelines suggest using venovenous extracorporeal membrane oxygenation when conventional mechanical ventilation fails in experienced centers with the infrastructure in place to support its use.

For more information, visit survivingsepsis.org.

THE SOCIETY OF CRITICAL CARE MEDICINE

The Society of Critical Care Medicine (SCCM) is the largest nonprofit medical organization dedicated to promoting excellence and consistency in the practice of critical care. With members in more than 100 countries, SCCM is the only organization that represents all professional components of the critical care team. The SCCM Critical Care Congress brings together intensivists and critical care experts from around the world to share the latest scientific research, develop solutions to common issues, and improve the care of critically ill and injured patients. Visit sccm.org for more information. Follow @SCCM or visit us on Facebook.

THE EUROPEAN SOCIETY OF INTENSIVE CARE MEDICINE

The European Society of Intensive Care Medicine (ESICM) supports and promotes the advancement of knowledge in intensive care medicine, in particular the promotion of the highest standards of multidisciplinary care of critically ill patients and their families through education, research and professional development. The ESICM Annual Congress, LIVES, provides the global stage for the ICU community to learn about the latest cutting-edge research in the field and network with colleagues from around the world. For more information, visit our website esicm.org. Follow @ESICM or visit us on Facebook.

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