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SEPSIS BULLETIN 16 October 2017

[Inclusion of emergency department patients in early stages of sepsis in a quality improvement programme has the potential to improve survival: a prospective dual-centre study](#)

De Groot B, Struyk B, Najafi R, et al
Emerg Med J 2017;34:578-585.

Sepsis quality improvement programmes typically focus on severe sepsis (i.e. with acute organ failure). However, quality of ED care might be improved if these programmes included patients whose progression to severe sepsis could still be prevented (i.e. infection without acute organ failure). The authors compared the impact on mortality of implementing a quality improvement programme among ED patients with a suspected infection with or without acute organ failure

[The impact of evidence-based sepsis guidelines on emergency department clinical practice: a pre-post medical record audit](#)

Romero, Bernadine; Fry, Margaret; Roche, Michael
Journal of Clinical Nursing; Nov 2017; vol. 26 (no. 21-22); p. 3588

Explores the number of patients presenting with sepsis before and after guideline implementation; the impact of sepsis guidelines on triage assessment, emergency department management and time to antibiotics.

[Managing sepsis: Electronic recognition, rapid response teams, and standardized care save lives](#)

Guirgis, Faheem W; Jones, Lisa; Rhemar Esma; Weiss, Alice; McCurdy, Kaitlin et al.

Journal of Critical Care; Aug 2017; vol. 40 ; p. 296
Sepsis can lead to poor outcomes when treatment is delayed or inadequate. The purpose of this study was to evaluate outcomes after initiation of a hospital-wide sepsis alert program.

[New improvements to help fight sepsis](#)

Department of Health

Jeremy Hunt announces measures to improve sepsis identification, tracking and prevention.

[Sepsis in children: advice for health visitors and school nurses](#)

Public Health England

Guidance for public health nurses, health visitors and school nurses on sepsis in children.

[Collapse of the microbiome, emergence of the pathobiome, and the immunopathology of sepsis](#)

Alverdy J.C.; Krezalek M.A.

Critical Care Medicine; Feb 2017; vol. 45 (no. 2); p. 337-347

The definition of sepsis has been recently modified to accommodate emerging knowledge in the field, while at the same time being recognized as challenging, if not impossible, to define. The authors seek to clarify the current understanding of sepsis as one that has been typically framed as a disorder of inflammation to one in which the competing interests of the microbiota, pathobiota, and host immune cells lead to loss of resilience and non-resolving organ dysfunction.

[Sepsis-associated in-hospital cardiac arrest: Epidemiology, pathophysiology, and potential therapies](#)

Morgan, Ryan W; Fitzgerald, Julie C; Weiss, Scott L; Nadkarni, Vinay M; Sutton, Robert M et al.

Journal of Critical Care; Aug 2017; vol. 40 ; p. 128
Sepsis-associated cardiac arrest is a relatively common occurrence with especially poor outcomes. Potential interventions that specifically target this pathophysiology before, during, and after cardiac arrest may augment standard cardiopulmonary resuscitation and post-resuscitation care for patients with sepsis and septic shock.

[Omega-3 supplementation in patients with sepsis: a systematic review and meta-analysis of randomized trials.](#)

Lu C

Annals of intensive care; Dec 2017; vol. 7 (no. 1); p. 58
Nutritional supplementation of omega-3 fatty acids has been proposed to modulate the balance of pro- and anti-inflammatory mediators in sepsis. Omega-3 nutritional supplementation may reduce ICU length of stay and duration of mechanical ventilation without significantly affecting mortality, but the very low quality of overall evidence is insufficient to justify the routine use of omega-3 fatty acids in the management of sepsis.

[Quantifying the Effects of Prior Acetyl-Salicylic Acid on Sepsis-Related Deaths: An Individual Patient Data Meta-Analysis Using Propensity Matching](#)

Trauer, James et al

Critical Care Medicine; Nov 2017; vol. 45 (no. 11); p. 1871-1879

Presents a meta-analysis on published observational cohort data describing the association between acetyl-salicylic acid (aspirin) use prior to the onset of sepsis and mortality in hospitalized patients. Shows an effect ranging from a 2% to 12% reduction in mortality risk in patients taking aspirin prior to sepsis onset.

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