Evidence-Based Management of Sepsis

Colleen O’Leary, MSN, RN, AOCNS®

Sepsis is a potential life-threatening oncologic emergency. Early recognition and prompt intervention can decrease the morbidity and mortality associated with sepsis. The Surviving Sepsis Campaign Guidelines Committee updated its recommendations in 2012, outlining specific evidence-based interventions to manage sepsis.

Colleen O’Leary, MSN, RN, AOCNS®, is a clinical nurse specialist in head and neck cancer, and coordinator of nursing evidence-based practice at the Ohio State University Comprehensive Cancer Center—Arthur G. James Cancer Hospital and Richard J. Solove Research Institute in Columbus. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff. O’Leary can be reached at blestr@aol.com, with copy to editor at CJONEditor@ons.org.

Key words: infection; oncologic emergency; sepsis

Digital Object Identifier: 10.1188/14.CJON.280-282

Evidence-Based Practice

Carlton G. Brown, PhD, RN, AOCN®, FAAN—Associate Editor

Sepsis is the clinical syndrome characterized by a systemic response to infection. A potential life-threatening oncologic emergency, sepsis occurs on a continuum starting with infection. When left unrecognized and untreated, sepsis can lead to septic shock and death. Although estimates of the incidence of sepsis vary up to 3.5 times depending on the methods used, it still remains unacceptably high, ranging from 894,013–3,110,630 (Gaieski, Edwards, Kallan, & Carr, 2013). Inpatient mortality rates range from 14%–30%, whereas the average annual increase in incidence of severe sepsis ranges from 13%–13.3% (Gaieski et al., 2013). In addition, the Healthcare Cost and Utilization Project of the Agency for Healthcare Research and Quality lists septicemia as the most expensive condition treated in the United States ($20.3 billion), accounting for 5% of national costs (Torio & Andrews, 2013).

Bone (1996) and the Society of Critical Care Medicine first defined sepsis in 1992. Sepsis occurs along a continuum. The first stage of the continuum occurs when a pathogen enters the patient and an infection occurs. If the pathogen enters the bloodstream, it is considered bacteremia. The next stage of the continuum, systemic inflammatory response syndrome (SIRS), occurs when two or more of the following occur in a patient: temperature greater than 100.4°F or less than 96.8°F; heart rate greater than 90 beats per minute; respiratory rate greater than 20 breaths per minute or partial pressure of carbon dioxide less than 32 mm Hg; and white blood cell count greater than 12,000 cells/mm³, less than 4,000 cells/mm³, or greater than 10% immature bands (Levy et al., 2003). The systemic response to this infection is known as sepsis, followed by severe sepsis, where a patient experiences additional complications of organ dysfunction, hypoperfusion, or hypotension. When a patient does not respond hemodynamically to aggressive fluid challenge and no other explainable causes exist, septic shock ensues. Finally, multiple organ dysfunction occurs when the function of one or more organs is altered, and homeostasis cannot be maintained without immediate intervention.

FIGURE 1. Sepsis Care Groups

Note. Based on information from Dellinger et al., 2013; Institute for Healthcare Improvement, 2013.

Evidence-Based Interventions

To address the growing incidence of sepsis, a panel of experts convened to develop recommendations for sepsis management. The Surviving Sepsis Campaign (SCC) Guidelines Committee first published Guidelines for the Management of Severe Sepsis and Septic Shock in 2004,