

Sepsis

Current Awareness Bulletin

September 2020

This Current Awareness Bulletin is produced by the Yeovil Academy Library to provide staff with a range of sepsis-related resources to support practice. It includes recently published guidelines and research articles, as well as news and policy items.



In order to get the most from this bulletin, you will need an OpenAthens username and password. This will grant full text access to many of the listed resources. To register for an OpenAthens account go to: openathens.nice.org.uk.

Guidelines

Sepsis and the Emergency Department

Sepsis is a life-threatening condition that arises when the response to an infection injures tissues and organs. Septic shock is a subset of sepsis in which underlying circulatory and cellular/metabolic abnormalities are profound enough to substantially increase mortality. Patients attending the Emergency Department as a result of infection represent a significantly larger group than those attending with sepsis or septic shock.

2020 [Royal College of Emergency Medicine](#)

Point of Care



[Sepsis syndromes in adults: Epidemiology, definitions, clinical presentation, diagnosis, and prognosis](#)

Literature review current through: Sep 2020. | This topic last updated: Feb 03, 2020.

[Evaluation and management of suspected sepsis and septic shock in adults](#)

Literature review current through: Sep 2020. | This topic last updated: Apr 17, 2020.

[Systemic inflammatory response syndrome \(SIRS\) and sepsis in children: Definitions, epidemiology, clinical manifestations, and diagnosis](#)

Literature review current through: Sep 2020. | This topic last updated: May 29, 2020.

[Sepsis in children](#)

Last reviewed: 2 Sep 2020

Last updated: 09 Jan 2020

[Sepsis in adults](#)

Last reviewed: 2 Sep 2020

Last updated: 20 Mar 2020

Journal Articles

If you would like help obtaining any of the articles, please contact the Library.

NICE Healthcare Databases

1. Time to positive blood culture in early onset neonatal sepsis: A retrospective clinical study and review of the literature

Author(s): Marks, Lucinda; Koert de Waal; Ferguson, John K

Source: Journal of Paediatrics and Child Health; Sep 2020; vol. 56 (no. 9); p. 1371

Publication Date: Sep 2020

Publication Type(s): Journal Article

Available at [Journal of Paediatrics and Child Health](#) - from Wiley Online Library Medicine and Nursing Collection 2020

Available at [Journal of Paediatrics and Child Health](#) - from Academy Library - Yeovil (lib303095) Local Print Collection

All pathogenic blood cultures collected pre-therapy from neonates ≥ 34 weeks suspected of EOS returned a positive result within 24 h of incubation. Similar studies have found that 92–100% of cultures are positive by 24 h. This data could contribute to re-evaluation of the current standard duration of antibiotic use in term and late preterm neonates with suspected EOS.

Database: BNI

2. Venoarterial extracorporeal membrane oxygenation to rescue sepsis-induced cardiogenic shock: a retrospective, multicentre, international cohort study

Author(s): Bréchet, Nicolas; Hajage, David; Kimmoun, Antoine; Demiselle, Julien; Agerstrand, Cara; Montero, Santiago; Schmidt, Matthieu; Charles-Edouard Luyt; Lebreton, Guillaume; Hékimian, Guillaume; Flecher, Erwan; Zogheib, Elie; Levy, Bruno; Slutsky, Arthur S; Brodie, Daniel; Asfar, Pierre; Combes, Alain

Source: The Lancet; Aug 2020; vol. 396 (no. 10250); p. 545

Publication Date: Aug 2020

Publication Type(s): Journal Article

Patients with sepsis-induced cardiomyopathy with cardiogenic shock have a high mortality. This study assessed venoarterial extracorporeal membrane oxygenation (VA-ECMO) support for sepsis-induced cardiogenic shock refractory to conventional treatments. Patients with severe sepsis-induced cardiogenic shock treated with VA-ECMO had a large and significant improvement in survival compared with controls not receiving ECMO. However, despite the careful propensity-weighted analysis, we cannot rule out unmeasured confounders. Funding None.

Database: BNI

3. In sepsis-induced heart failure, extracorporeal membrane oxygenation can provide support

Author(s): MacLaren, Graeme

Source: The Lancet; Aug 2020; vol. 396 (no. 10250); p. 515

Publication Date: Aug 2020

Publication Type(s): Commentary

Abstract:Sepsis is defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection.¹ Septic shock occurs when serum lactate is elevated and vasopressor medication is required despite adequate fluid resuscitation.² Many cardiovascular features of septic shock exist, including tachycardia, alterations in vascular tone, and reduced ventricular function. The study does not provide definitive proof supporting the routine use of ECMO in adult patients with sepsis-induced cardiogenic shock, but it offers the strongest evidence to date.

Database: BNI

4. Arterial vs venous lactate: Correlation and predictive value of mortality of patients with sepsis during early resuscitation phase

Author(s): Mahmoodpoor, Ata; Shadvar, Kamran; Sanaie, Sarvin; Samad EJ Golzari; Parthvi, Rukma; Hamishehkar, Hadi; Nader, Nader D

Source: Journal of Critical Care; Aug 2020; vol. 58 ; p. 118

Publication Date: Aug 2020

Publication Type(s): Journal Article

Our data suggests a strong correlation between arterial and peripheral venous the lactate levels and in the initial phase of resuscitation in septic shock patients we can use venous lactate level as biomarker instead of arterial lactate level. The study also showed that combining lactate levels and its clearance is a reliable predictor of mortality in sepsis.

Database: BNI

5. Right-to-left ventricular end diastolic diameter ratio in severe sepsis and septic shock

Author(s): UbedaPlease check all author names and affiliations if correct-Iglesias Úbeda-Iglesias; Fernández-Burgos, Fernandez-Burgos; Alonso-Romero

Source: Journal of Critical Care; Aug 2020; vol. 58 ; p. 113

Publication Date: Aug 2020

Publication Type(s): Letter To The Editor

Abstract:In their study, the authors aimed to explore the association between the ratio of right ventricular end-diastolic diameter (EDD) to left ventricular EDD (RV/LV) and a poor prognosis in severe sepsis and septic shock. [...]reasons, there could have been a selection bias. [3] A one-time TTE cannot be representative of the course of critically ill septic patient due to the complexity of its physiology, this is the reason why it is difficult to believe that an isolated TTE examination would have influence on patient mortality during their ICU staying.

Database: BNI

6. Estimated plasma volume status (ePVS) could be an easy-to-use clinical tool to determine the risk of sepsis or death in patients with fever

Author(s): Turcato, Gianni; Zaboli, Arian; Ciccariello, Laura; Pfeifer, Norbert

Source: Journal of Critical Care; Aug 2020; vol. 58 ; p. 106

Publication Date: Aug 2020

Publication Type(s): Journal Article

Abstract: Capillary permeability can be increased in patients with sepsis. Indirect estimation of plasma volume status (ePVS) could identify more severely ill patients with fever. Methods1502 patients evaluated for fever at the Emergency Department (ED) of Merano General Hospital (Italy) between June 1, 2018 and May 30, 2019. The ePVS value registered on ED admission and derived from complete blood count was considered. ePVS value was a useful additional predictive tool to assess the severity of illness in patients with fever.

Database: BNI

7. Sepsis: the essentials

Author(s): Tissue, Richard White

Source: Journal of Community Nursing; 2020; vol. 34 (no. 4); p. 22

Publication Date: 2020

Publication Type(s): Feature

Available at [Journal of Community Nursing](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract:The literature attributes many cases to urinary and respiratory tract infections; all skin wounds (even minor and seemingly innocuous wounds such as scratches can lead to sepsis) and ulcers, including surgical wounds, pressure ulcers and the diabetic foot, are also sources of many cases (White and Witts, 2016). According to the published report, 'the estimated costs of sepsis each year in the UK are £7.76 billion, including approximately £830 million of direct costs. Applying sensitivity analysis to these costs (higher hospital costs and lower estimate of average age of death from sepsis for adults of working age) would give an estimated annual cost of more than £10 billion, including more than £1.1 billion of direct costs' (YHEC, 2017).

Database: BNI

8. Risk factors and outcomes of sepsis-associated delirium in intensive care unit patients: A secondary data analysis

Author(s): Kim, Yeunwoo; Jin, Yinji; Jin, Taixian; Sun-Mi, Lee

Source: Intensive & Critical Care Nursing; Aug 2020; vol. 59

Publication Date: Aug 2020

Publication Type(s): Journal Article

The risk factors for sepsis-associated delirium increased as the severity of condition for patients with sepsis increased. Early identification of risk factors associated with sepsis-associated delirium may improve patient outcomes.

Database: BNI

9. Sepsis and children: what should the message be?

Author(s):

Source: Nursing Children and Young People (2014+); Jul 2020; vol. 32 (no. 4); p. 12

Publication Date: Jul 2020

Publication Type(s): Journal Article

Abstract:Sepsis is defined as a 'life-threatening organ dysfunction caused by a dysregulated host response to infection'. The trouble with sepsis is that anyone with an infection could potentially become septic. There is no single sign, and symptoms vary. In the care of children this is even more difficult.

Database: BNI

10. SEPSIS: A Review for Home Healthcare Clinicians

Author(s): Durning, Marijke Vroomen, RN

Source: Home Healthcare Now; 2020; vol. 38 (no. 4); p. 188

Publication Date: 2020

Publication Type(s): Journal Article

Available at [Home healthcare now](#) - from Unpaywall

Abstract:Sepsis is a life-threatening response to infection that affects over 1.7 million people annually in the United States. Although sepsis can strike healthy and active people of all ages, those at highest risk are older adults, infants, and people with chronic illnesses or an impaired immune system. Many people who had sepsis recover and resume life as it was before. However, others require some level of postdischarge home healthcare. Up to 60% of survivors, particularly of severe sepsis and septic shock, are left with cognitive and/or physical limitations. About one-third of all sepsis survivors and more than 40% of older survivors are rehospitalized within 3 months of the initial sepsis diagnosis, most commonly due to a repeat episode of sepsis or another infection. Quality home healthcare followup of sepsis patients is paramount in lowering readmission rates, preventing reoccurrence of sepsis, and assisting patients and families during the postsepsis phase of healthcare.

Database: BNI

11. Mitochondrial Dysregulation in Sepsis: A Literature Review

Author(s): Graham, Julie-Kathryn, PhD, APRN, ACCNS-AG; Stacy, Kathleen, PhD, APRN-CNS

Source: Clinical Nurse Specialist; 2020; vol. 34 (no. 4); p. 170

Publication Date: 2020

Publication Type(s): Literature Review Journal Article

The evidence makes a compelling case for mitochondrial dysregulation to inform the current definition of sepsis as a dysregulated host response. As the evidence points to a linear, progressive time/exposure-dependent disruption in oxygen downregulation in sepsis at the cellular level, it lends credence to the recommendations for early intervention and its relationship with survivability. Time is not on the side of the individual with sepsis.

Database: BNI

12. Treating sepsis with vitamin C, thiamine, and hydrocortisone: Exploring the quest for the magic elixir

Author(s): Obi; Pastores, S M; Ramanathan, LV; Yang, J; Halpern, NA

Source: Journal of Critical Care; Jun 2020; vol. 57 ; p. 231

Publication Date: Jun 2020

Publication Type(s): Journal Article

Thus, although the underlying rationale and mechanistic pathways of vitamin C and thiamine in sepsis have been well described, the clinical impact of the VCTS regimen is complex and remains to be determined. This review aims to explore the current evidence and potential benefits and adverse effects of the VCTS regimen for the treatment of sepsis.

Database: BNI

13. Impact of the pre-illness lipid profile on sepsis mortality

Author(s): Maile, Michael D; Sigakis, Matthew J; Stringer, Kathleen A; Jewell, Elizabeth S; Engoren, Milo C

Source: Journal of Critical Care; Jun 2020; vol. 57 ; p. 197

Publication Date: Jun 2020

Publication Type(s): Journal Article

Abstract: Purpose To determine if baseline lipid levels contribute to the relationship between lipid levels during sepsis and outcomes. Materials and methods We conducted a retrospective cohort study at a tertiary-care academic medical center. Multivariable logistic regression models were used to adjust for confounders. Baseline lipid values, particularly triglyceride concentrations, are associated with hospital mortality in septic patients.

Database: BNI

14. Dyadic post-traumatic stress after intensive care: Case report of a sepsis patient and his wife

Author(s): Gawlytta, Romina; Brunkhorst, Frank; Niemeyer, Helen; Boettche, Maria; Knaevelsrud, Christine; Rosendahl, Jenny

Source: Intensive & Critical Care Nursing; Jun 2020; vol. 58

Publication Date: Jun 2020

Publication Type(s): Case Study Journal Article

Experiences of critical illness and intensive care can lead to post-traumatic stress in patients and their partners. Hence, it may be useful to offer mental health screening and psychotherapeutic treatment options to both ICU patients and their partners.

Database: BNI

15. Implementation of the National Early Warning Score in patients with suspicion of sepsis: evaluation of a system-wide quality improvement project

Author(s): Pullyblank, Anne; Tavaré, Alison; Little, Hannah; Redfern, Emma; le Roux, Hein; Inada-Kim, Matthew; Cheema, Kate; Cook, Adam

Source: The British Journal of General Practice : The Journal of the Royal College of General Practitioners; Jun 2020; vol. 70 ; p. e381

Publication Date: Jun 2020

Publication Type(s): Journal Article

Available at [British Journal of General Practice](#) - from Unpaywall

To the authors' knowledge, this is the first study demonstrating that use of NEWS in pre-hospital care is associated with improved outcomes in patients with SOS.

Database: BNI

16. SARS-CoV-2 and viral sepsis: observations and hypotheses

Author(s): Li, Hui; Liu, Liang; Zhang, Dingyu; Xu, Jiuyang; Dai, Huaping; Tang, Nan; Su, Xiao; Cao, Bin

Source: The Lancet; May 2020; vol. 395 (no. 10235); p. 1517

Publication Date: May 2020

Publication Type(s): Journal Article

Available at [Lancet \(London, England\)](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Lancet \(London, England\)](#) - from Unpaywall

Abstract:Summary Since the outbreak of coronavirus disease 2019 (COVID-19), clinicians have tried every effort to understand the disease, and a brief portrait of its clinical features have been identified. In clinical practice, we noticed that many severe or critically ill COVID-19 patients developed typical clinical manifestations of shock, including cold extremities and weak peripheral pulses, even in the absence of overt hypotension. Understanding the mechanism of viral sepsis in COVID-19 is warranted for exploring better clinical care for these patients. We hypothesise that a process called viral sepsis is crucial to the disease mechanism of COVID-19. Although these ideas might be proven imperfect or even wrong later, we believe they can provide inputs and guide directions for basic research at this moment.

Database: BNI

17. Protective effects of fecal microbiota transplantation in sepsis are independent of the modulation of the intestinal flora

Author(s):

Source: Nutrition; May 2020; vol. 73

Publication Date: May 2020

Publication Type(s): Journal Article

Abstract:ObjectiveThe aim of this study was to investigate the protective effects of probiotics and fecal transplantation on inflammatory and oxidative parameters in the intestines of two rat models of sepsis.MethodsRats were treated with prebiotics, probiotics, or symbiotics and exposed to lipopolysaccharide (LPS) or zymosan after 15 d to induce endotoxemia. Oxidative damage and inflammation were analyzed, and histologic examination of the intestinal tissue was performed. Probiotic strains significantly differ among themselves and exert different effects on the host's health. Symbiotics and FMT could offer additional immunomodulatory benefits to drug therapy, thus serving as a new therapeutic alternative in pediatric patients with sepsis.

Database: BNI

18. Nifty Nursing Mnemonic for Early Sepsis Recognition

Author(s): Harrison, Katie, MSN, RN, CHSE

Source: Nurse Educator; 2020; vol. 45 (no. 3); p. 124

Publication Date: 2020

Publication Type(s): Journal Article

Available at [Nurse Educator](#) - from Unpaywall

Abstract: Harrison discusses a nursing mnemonic for early recognition of sepsis. Nurse educators play an integral role in teaching nursing students about sepsis. Of the thousands of lives lost each year to sepsis, most of these deaths are preventable, if detected and treated early. The role and response may vary depending on the individual and area of nursing practice, but collectively, nurse educators can make a significant impact with their efforts, intentionality, and creativity regarding sepsis education. The Rethink Labs mnemonic was created as a way in which educators can help translate all of these essential transformation about sepsis to students.

Database: BNI

19. UTILIZATION OF A VISIT-BASED SEPSIS ASSESSMENT to Prevent Hospital Read missions

Author(s): Yinger, Kimberly; Bernas-Maley, Melissa; Bhatia, Vipul

Source: Home Healthcare Now; 2020; vol. 38 (no. 3); p. 131

Publication Date: 2020

Publication Type(s): Journal Article

Abstract: Over 24 months, we tracked the rate of sepsis readmissions to acute care hospitals through the initial phase of early recognition education; assessment, review, and revision of best-practice algorithms; standardized documentation; and proactive care management, in conjunction with the patient's primary care provider. During our review of the last 12 months of data on home care patients triggering the Positive Sepsis Assessment 130 patients were identified to have potential signs of sepsis. Ninety-seven of these patients received early medical intervention in place and were not readmitted to the hospital. Our findings suggest that a multidisciplinary home healthcare team utilizing standard sepsis education and sepsis algorithm on every patient during every visit can reduce and prevent readmissions.

Database: BNI

20. Delays Lead to Sepsis and Death

Author(s): Latner, Ann W, JD

Source: The Clinical Advisor : For Nurse Practitioners; May 2020; vol. 23 (no. 4); p. 39

Publication Date: May 2020

Publication Type(s): General Information

Available at [The Clinical Advisor : For Nurse Practitioners](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: At this time, Mr M showed abnormal vital signs, including a high respiratory rate, labored breathing, elevated body temperature, high peripheral pulse rate, and low blood pressure. Mrs M urged the surgeon to get to the hospital as soon as possible. Since lying down made breathing more difficult, he sat in the chair in his room. According to his mother, "he had stopped breathing as we were talking, and then he began foaming at the mouth and his eyes rolled back."

Database: BNI

21. Implementation of a MEWS-Sepsis screening tool: Transformational outcomes of a nurse-led evidence-based practice project

Author(s): Roney, Jamie K; Whitley, Barbara E; Long, JoAnn D

Source: Nursing Forum; 2020; vol. 55 (no. 2); p. 144

Publication Date: 2020

Publication Type(s): Journal Article

Available at [Nursing forum](#) - from Wiley Online Library Medicine and Nursing Collection 2020

MEWS-Sepsis tools hold potential for scale-up and spreading out of evidence-based practice nursing innovations to transform care, improve patient outcomes, and save lives.

Database: BNI

22. Improving Sepsis Bundle Implementation Times: A Nursing Process Improvement Approach

Author(s): Threatt, David L, DNP, MSHI, RN

Source: Journal of Nursing Care Quality; 2020; vol. 35 (no. 2); p. 135

Publication Date: 2020

Publication Type(s): Journal Article

The implementation of an ER early sepsis identification tool, leadership buy-in, and SIRS education can lead to improved bundle implementation times in the ER.

Database: BNI

23. Response to the Letter: "Bias estimation of predictors and internal validity of the study 'Admission characteristics predictive of in-hospital death from hospital-acquired sepsis: A comparison to community-acquired sepsis'"

Author(s): Gautam, Shiva; Smotherman, Carmen; Guirgis, Faheem W

Source: Journal of Critical Care; Apr 2020; vol. 56 ; p. 322

Publication Date: Apr 2020

Publication Type(s): Letter To The Editor

In summary, we present our study as a boilerplate for future studies that point to the need for future rigorous studies with a much larger data set where the findings of the current study can be validated and new insights can be made.

Database: BNI

24. Response to Editor letter "Admission characteristics predictive of in-hospital death from hospital-acquired sepsis: A comparison to community-acquired sepsis"

Author(s): Guirgis, Faheem W; Padro, Teresa; Smotherman, Carmen; Gautam, Shiva; Gerdik, Cynthia; Gray-Eurom, Kelly

Source: Journal of Critical Care; Apr 2020; vol. 56 ; p. 319

Publication Date: Apr 2020

Publication Type(s): Letter To The Editor

Abstract: Because the time of onset of infection for HA-sepsis patients was not known, qSOFA and SOFA was not reported at the onset of sepsis for the HA-sepsis group we concede that though Page et al. separated patients by medical or surgical this was not done in our article as the focus of our article was on identifying presenting and epidemiologic risk factors of HA-sepsis mortality at presentation.

Database: BNI

25. Letter to the editor: Admission characteristics predictive of in-hospital death from hospital-acquired sepsis: A comparison to community-acquired sepsis

Author(s): Ubeda-Iglesias Úbeda-Iglesias; Fernández-Burgos, Fernandez-Burgos; Alonso-Romero

Source: Journal of Critical Care; Apr 2020; vol. 56 ; p. 318

Publication Date: Apr 2020

Publication Type(s): Letter To The Editor

Abstract:When categorizing both groups, it is not explained whether patients came from an inpatient nursing facility or were receiving home health care, readmission within 30 days from the same hospital or were on hemodialysis prior to admission. [...]another category named "healthcare-associated (HCA) sepsis" should have been created [2]. [...]obstructive uropathy-associated urinary tract infection has the lowest risk of hospital mortality [4].

Database: BNI

26. Sepsis in the new millennium – Are we improving?

Author(s): Duke, Graeme J; Moran, John L; Santamaria, John D; Pilcher, David V

Source: Journal of Critical Care; Apr 2020; vol. 56 ; p. 273

Publication Date: Apr 2020

Publication Type(s): Journal Article

Abstract:Records were excluded from the analysis if the infection was not accompanied by acute organ dysfunction; or acute organ dysfunction arose some time after admission. Expected hospital mortality rate By substituting the 'expected' number of deaths (summed mortality risk) in place of observed number of deaths in the APC model we generated a risk-adjusted mortality rate.

Database: BNI

27. The role of neutrophil chemotaxis activity as an immunologic biomarker to predict mortality in critically-ill patients with severe sepsis

Author(s): Srisawat, Nattachai; Kulvichit, Win; Tungsanga, Somkanya; Peerapornratana, Sadudee; Vorasitchai, Suttinan; Tangkanakul, Chakorn; Lumlertgul, Nuttha; Komaenthammasophon, Chalermchai; Praditpornsilpa, Kearnkiat; Tungsanga, Kriang; Eiam-Ong, Somchai

Source: Journal of Critical Care; Apr 2020; vol. 56 ; p. 215

Publication Date: Apr 2020

Publication Type(s): Journal Article

Abstract:BackgroundInnate immunity is an important host response to infection. However, the role of innate immunity as a prognostic biomarker in severe sepsis is still unknown. This study is to evaluate the discriminatory characteristics of these biomarkers on clinical outcome. Neutrophil chemotaxis activity appears to be a promising novel immunologic biomarker in predicting clinical outcome in patients with severe sepsis.

Database: BNI

28. Incidence, risk factors, and outcomes for sepsis-associated delirium in patients with mechanical ventilation: A sub-analysis of a multicenter randomized controlled trial

Author(s): Yamamoto, Tomonori; Mizobata, Yasumitsu; Kawazoe, Yu; Miyamoto, Kyohei; Ohta, Yoshinori; Morimoto, Takeshi; Yamamura, Hitoshi

Source: Journal of Critical Care; Apr 2020; vol. 56 ; p. 140

Publication Date: Apr 2020

Publication Type(s): Evidence Based Healthcare Journal Article

Abstract: Purpose This study aimed to investigate incidence, risk factors, and outcomes for sepsis-associated delirium (SAD) in mechanically ventilated patients. Materials and methods We performed a retrospective post-hoc analysis of the DEXmedetomidine for Sepsis in Intensive care unit Randomized Evaluation (DESIRE) trial. Outcomes included 28-day mortality, ventilator-free days, length of ICU stay, self-extubation, and re-intubation. SAD was associated with a less number of ventilator-free days and longer length of ICU stay. Emergency surgery, more doses of midazolam, and fentanyl may be independent risk factors for SAD in mechanically ventilated patients with sepsis.

Database: BNI

29. C-reactive protein as a prognostic factor in intensive care admissions for sepsis: A Swedish multicenter study

Author(s): Koozi, Hazem; Lengquist, Maria; Frigyesi, Attila

Source: Journal of Critical Care; Apr 2020; vol. 56 ; p. 73

Publication Date: Apr 2020

Publication Type(s): Journal Article

Available at [Journal of critical care](#) - from Unpaywall

Abstract: Purpose C-reactive protein (CRP) is not included in the major intensive care unit (ICU) prognostic tools such as the Simplified Acute Physiology Score (SAPS). We assessed CRP on ICU admission as a SAPS-3 independent risk marker for short-term mortality and length of stay (LOS) in ICU patients with sepsis.

Database: BNI

30. Double inter-hospital transfer in Sepsis patients presenting to the ED does not worsen mortality compared to single inter-hospital transfer

Author(s): Arulraja, Maria D; Swanson, Morgan B; Mohr, Nicholas M

Source: Journal of Critical Care; Apr 2020; vol. 56 ; p. 49

Publication Date: Apr 2020

Publication Type(s): Journal Article

Abstract: Purpose Sepsis is a leading cause of hospital deaths. Inter-hospital transfer is frequent in sepsis and is associated with increased mortality. Some sepsis patients undergo two inter-hospital transfers (double transfer). Double-transfer occurs in 2.1% of low sepsis patients. Double-transfers had similar mortality and increased length of stay and costs compared to single-transfers.

Database: BNI

Library Resources

The books listed below are a selection of those that can be found at the library. To search the library catalogue in full, visit swims.nhs.uk.

[ABC of sepsis \(2010\)](#)

Daniels, Ron; Nutbeam, Tim

[Daniels, Ron \(Editor\)](#)

[WC240](#)

[Survive sepsis : 2013 - 2014 \(3rd ed\) \(2014\)](#)

Daniels, Ron

[Daniels, Ron \(Author\)](#)

[WC240](#)



[Free webinar on vital signs monitoring for deterioration and sepsis](#)

09 September, 2020

The earlier detection of deterioration in patients is an incredibly important topic for nurses because it leads to better outcomes and more lives saved. In recognition of this importance, Nursing Times is exploring the use of vital signs monitoring to better detect deterioration and sepsis in patients.

[Researchers find indicators that could predict a patient's sepsis response](#)

28 May, 2020

Researchers have identified molecular "signatures" found in the blood that clinicians can use to indicate how patients respond to sepsis, and they say their findings could be helpful in treating Covid-19.

This current awareness bulletin contains an inexhaustive selection of information that has not been critically appraised by library staff. It is therefore the responsibility of the reader to appraise this information for accuracy and relevance.

For further information or support please contact **Yeovil Academy Library, Level 4, Yeovil District Hospital, Higher Kingston, Yeovil, BA21 4AT**; tel 01935 38(4495) or 01935 38(4697), library@ydh.nhs.uk or visit the library blog at yeovilacademylibrary.com